

# Summerset Care Limited - Summerset at Aotea

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset at Aotea

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 4 July 2024      End date: 5 July 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:** 14

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset at Aotea is part of Summerset Care Limited (Summerset Group) of retirement villages and aged care facilities. Summerset at Aotea is a spacious, purpose-built facility that provides rest home level of care in serviced apartments for up to 46 residents. There were 14 residents on the day of audit. Summerset Group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Capital, Coast and Hutt Valley. The audit process included the review of; policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, and staff.

The village manager (non-clinical) has been in the role for eight months and is supported by a clinical manager who has been in the role since 2022. The management team is supported by the regional quality manager and group operations manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified no shortfalls.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Summerset at Aotea provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset at Aotea has implemented the Summerset quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset at Aotea collates clinical indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation and staff training and

development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical manager manages the entry process to the service. Admissions are managed by the clinical manager, registered nurses and the general practitioner. The service works in partnership with the residents, and their family/whānau to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There are adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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 were being met. The service has a current food control plan. Residents were reviewed regularly and referred to specialist services as required.

Discharges or transfers are managed in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents reported a timely staff response to call bells. Resident's rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. There are appropriate emergency equipment and supplies available. A fire drill is conducted six-monthly. Staff, residents and family/whānau understood emergency and security arrangements. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of their orientation and the ongoing in-service education programme. Infection control practices support tikanga guidelines. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Benchmarking occurs with other Summerset Group facilities. Antimicrobial usage is monitored and reported on. A robust pandemic and outbreak management plan is in place including a Covid-19 response procedure. The internal audit system monitors for a safe environment. Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical manager. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents or staff who identified as Māori. Summerset at Aotea is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity.</p> <p>Summerset at Aotea shows 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. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.</p> <p>Summerset at Aotea has links with community partners to support with staff training and improve resident care (Ngāti Toa Rangatira). Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission all residents state their ethnicity. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset at Aotea has staff who identify as Pasifika who assist with connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people to improve outcomes.</p> <p>Interviews with eleven staff including five caregivers, a registered nurse (RN), an administration person, one diversional therapist, one housekeeper, one chef, and one property manager, also three managers, including one village manager, one clinical manager and one regional quality manager, and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager, supported by the clinical manager, discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five residents and two family/whānau interviewed reported that</p>

		<p>the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Five caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Summerset at Aotea's 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. It was observed that residents are treated with dignity and respect.</p> <p>Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. 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. 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.</p> <p>Values and beliefs information 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. The diversional therapist confirmed that when Māori residents are admitted, the service will actively support Māori by identifying needs and aspirations through a cultural assessment process.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Summerset at Aotea’s policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries.</p> <p>Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias. 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 implements a process to manage residents’ finances. Professional boundaries are defined in job descriptions. Interviews with a RN 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 at Aotea promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>of any changes, this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit all residents spoke 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.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand Te Whatu Ora – Capital, Coast and Hutt Valley. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and resident and family and friends' meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid - 19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files where appropriate. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the</p>

		planning of resident's care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Processes are in place to ensure that documentation including follow-up letters and resolution will be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There was one complaint logged dated August 2023 received via the Health and Disability Commissioner. The follow up required that staff undertake communication training. A review of the electronic education records evidenced that 99% of staff have completed this training.</p> <p>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 entrance to the facility. Family/whānau meetings are held monthly where concerns can be raised. Family/whānau confirm during interview that management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The clinical manager and village manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all</p>	FA	<p>Summerset at Aotea provides care for up to 46 residents at rest home level care in a serviced apartment complex. On the day of the audit there were 14 residents receiving rest home level care. All residents were on the age-related residential care agreement (ARRC).</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group</p>

<p>governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>that meets monthly and is chaired by the Head of Clinical Services. Members of the committee include the 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 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. The Head of Clinical Services reports to the General Manager of Operations.</p> <p>Members of the National Clinical Review Group (governing body) have completed training provided in Summersets learning platform (I Learn) on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the National Clinical Review Group. Orientation and training are not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a quality and risk management programme and a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The strategic plan and local Summerset at Aotea business plan reflect 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 monthly General Manager of Operations report is discussed at the National Clinical Review Group Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes</p>
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		<p>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).</p> <p>The implementation of the quality programme for Summerset at Aotea includes regular site-specific clinical quality, compliance and risk reports that are completed by the village manager and clinical 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 Aotea describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care, health and safety, dementia friendly, customer experience, staff satisfaction and workforce learning development, and sustainability and social responsibility.</p> <p>The village manager (non-clinical) has been in the role for 8 months and is supported by a clinical manager who has been in the role since 2022. The management team is supported by a regional quality manager (present at the time of the audit) and general manager of operations.</p> <p>The village manager has completed the required training hours related to the management of a care facility. The clinical manager has completed a comprehensive orientation and ongoing education.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these</p>	FA	<p>Summerset at Aotea 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, 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</p>

<p>systems meet the needs of people using the services and our health care and support workers.</p>	<p>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.</p> <p>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, 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 March 2024. The survey evidenced overall satisfaction on the areas surveyed with an improvement since 2023, and above the average for the Summerset organisation. The service benchmarks against other Summerset facilities and results are closely aligned with benchmark averages.</p> <p>A health and safety system is in place. Health and safety is managed by the Operations Health and Safety Committee which reports to the National Health and Safety Committee for Summerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically through Donesafe and an up-to-date hazard register was reviewed. 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.</p> <p>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 ten accident/incident forms reviewed (six falls, two infections and two medication errors). Neurological observations</p>
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		<p>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 clinical 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 Somerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager, clinical manager and regional quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is 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 clinical manager both work 40 hours per week Monday to Friday. The clinical 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.</p> <p>The roster reviewed evidenced RN cover Monday to Sunday for each AM shift. 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. 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</p>

	<p>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.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. A review of the electronic education records evidenced that 99% of staff have completed communication training.</p> <p>External training opportunities for care staff include training through Health New Zealand. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 14 caregivers employed in total. Three caregivers have achieved level two, six have completed level three and five have completed level four NZQA qualification.</p> <p>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. There are three RNs employed in total (including the clinical manager) and two RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression. All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, hand hygiene, and PPE donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing</p>
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		activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset at Aotea is supported by a People and Culture team for recruitment processes. Six staff files reviewed including, two RNs and four caregivers evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were being completed as per the appraisal schedule. 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.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's 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. The service</p>

		is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/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. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and 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. General practitioners (GP's) from a local practice ensure residents are assessed within five working days of admission and this is documented. The clinical manager is available to answer any questions regarding the admission process.</p> <p>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, or if the care needs are outside the certified scope of the service. 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. The facility has established links with Māori consultation partners in place. Cultural advice and support are available for residents for all aspects of entry and decline if required. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>
Subsection 3.2: My pathway to wellbeing	FA	Five rest home resident files were reviewed for this audit. The clinical manager and the RNs are responsible for conducting all assessments and

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>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.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed within required timeframes. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and were updated as needs changed. Evaluations viewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, were well utilised with evidence of interventions being transferred to the long-term care plan as required.</p> <p>General practitioners (GP's) from a local practice ensure residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The GP was unavailable for interview during days of audit. The clinical manager was available after hours for clinical advice and decision making as required. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service can refer residents to a physiotherapist when required. A podiatrist visits six to eight -weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this</p>
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		<p>was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>At time of audit there were no residents requiring wound management. The wound care specialist can be involved if there was any chronic/complex wounds or pressure injuries. The caregivers and RN interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>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; and blood glucose. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There was one diversional therapist (DT) who provided the activities programme over five days each week. The DT is about to complete their level four dementia training. In the absence of the DT, activity boxes are supplied to guide care staff to provide activities for the residents. The DT has a current first aid certificate. The programme is supported by the caregivers, a priest, and various church groups.</p> <p>The DT has developed a therapy programme for the residents who have some degree of dementia and have become isolated.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. Oversight for the programme is provided by the DT within head office. There is a newsletter</p>

		<p>which includes the weekly programme and weekly menu that is delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>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 manicures, hand massage and technology-based activities. There are several different areas where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/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; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>Resident meetings occur monthly, chaired by the DT. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>Caregivers interviewed could describe their role regarding medication</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>administration. Summerset at Aotea uses an electronic medication system with regular and 'as required' (PRN) medicines supplied in plastic packets. Antibiotics and other short course medications come blister packed. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. The medication trolley is locked when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge and room temperature records reviewed weekly. The medication fridge and room temperature records reviewed showed that the temperatures were within acceptable ranges. Staff interviewed confirmed knowledge of the process to follow should there be anomalies. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as scheduled.</p> <p>Ten 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. There was one resident self-medicating on day of audit. Evidence was supplied that confirmed the resident's competence. The medication was locked away with the resident and specific staff have a spare key. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system, and reported at handover. Medication competent caregivers 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.</p> <p>The RNs and clinical manager described the process to work in partnership with 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. Residents and their family/whānau are supported to understand their medications when</p>
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		<p>required. The clinical manager described how they work in partnership with residents to understand and access medications when required.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was sighted expiring 13 December 2024. Dry ingredients were decanted into containers for ease of access, with decanting and expiry date evident. The four-weekly seasonal menu has been reviewed by a dietitian. The head chef is supported by a part-time cook, café assistants and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The head chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The head chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Profiles sighted were all noted to have been reviewed/updated recently. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. 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.</p> <p>The kitchen team are kept on track with temperature recordings and cleaning schedules through the electronic kitchen system. 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. Meals are taken directly to residents in insulated boxes. Most residents have meals in the dining room with the remaining residents having meals served on trays in their rooms.</p> <p>Residents were observed enjoying their meals. 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.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care.</p> <p>There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges 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.</p> <p>The clinical manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 13 November 2024. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (next due August 2024).</p> <p>The building is a three-storey complex. Residents gain access to the outdoors by using a lift. A gardening team maintain gardens to a high standard and residents can access shaded seating areas.</p> <p>The residents' rooms were spacious and enabled them to move freely with the use of a walker or a power chair. All bedrooms have a full ensuite.</p> <p>Group activities occur in the main lounge and residents stated they were able to use alternative quiet spaces if they did not wish to partake in the group activities being held in the main lounge. General living areas are heated by large heat pumps, and there is underfloor heating throughout the facility. Resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. Residents interviewed stated they were happy with the temperature of the facility.</p> <p>Resident equipment checks, call bell checks, and monthly testing of hot</p>

		<p>water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required, and calibration of medical equipment has been completed as per schedule.</p> <p>There are quiet areas provided for residents. Staff confirmed there were no plans to make additions to the buildings however were able to explain the process for ensuring the environment would be co-designed to ensure that they reflected the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides 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 dated 12 April 2011. Fire evacuation drills are held six-monthly and was last completed on 4 April 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and portable gas cookers). There are adequate supplies in the event of a civil defence emergency, including enough food to sustain the residents and staff for three days. A 25000-litre water tank onsite would adequately supply the residents and staff with sufficient water supply of 10 litres per person per day for three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Staff carry pagers which highlight which call bell has been activated. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night by senior staff with an external contractor providing security patrols each evening. Staff wear the organisations uniform and name badges.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control 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 Group's strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through head office, a microbiologist, Public Health, and Health New Zealand – Capital Coast and Hutt Valley. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by head office in consultation with the infection control coordinators and proposed changes are consulted with village managers and clinical managers/clinical nurse leads as appropriate prior to its' completion.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, RNs, and staff meetings. The data is also benchmarked with the other Summerset facilities. Further to this Summerset benchmarks with other aged care organisations and presents the results to their facilities. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional operation manager to the board. The board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	<p>FA</p>	<p>The clinical manager (RN) along with the regional quality manager oversee and coordinate the implementation of the infection control programme. Infection control responsibilities and reporting requirements are defined in a job description signed by the clinical manager. The infection control clinical manager (infection control coordinator) has completed infection</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>prevention and control training and provides education for staff as part of the Summerset training program. She has access to shared clinical records and diagnostic results of residents. 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.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic.</p> <p>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 infection control coordinator and wider quality team ensure that PPE requirements are in place and advise on procurement of the required equipment, devices, and consumables.</p> <p>The infection control coordinator stated that the National infection prevention and control group will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control 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. The kitchen linen is</p>
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		<p>washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The clinical manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori. .</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Summerset at Aotea has an infection control and antimicrobial stewardship programme that aligns with the Summerset Group strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and infection prevention and control steering group. Prophylactic use of antibiotics is not considered appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. 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.</p> <p>Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and</p>

		<p>action advised. New infections are discussed at shift handovers and weekly management meetings to ensure interventions are implemented as soon as they can. Benchmarking is completed with other 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 no outbreaks reported since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The infection control coordinator oversees the implementation of the cleaning, laundry, and 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. Cleaning 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. There is a sluice room with a sanitiser, a stainless steel bench, and separate 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.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team at head office and Summerset at Aotea have oversight of the facility testing and monitoring programme.</p> <p>There are regular internal environmental cleanliness audits which did not reveal any issues. All clothing and linen are laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines</p>

		and dryers are checked and serviced regularly.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy was approved by the chief executive officer. The 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. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. Orientation provided and completed for the role was sighted. There are no residents listed on the restraint register as using a restraint. Should restraint be used the restraint coordinator outlined how the assessment would be made, who would be involved and the reporting/documentation/evaluation process that would be utilised. This is reviewed monthly by the restraint coordinator and reported at the monthly clinical, staff and quality meetings. Additionally, this information would be forwarded to the clinical governance team.</p> <p>The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.