

Summerset Care Limited - Summerset at Avonhead

Introduction

This report records the results of a Surveillance 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 Avonhead	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 17 October 2024	End date: 18 October 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:	62	

Executive summary of the audit

Introduction

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

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

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
	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
	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 Avonhead is certified to provide for hospital (geriatric and medical), rest home care and dementia level of care for up to 144 residents. There were 62 residents in care on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There has been a change in the care centre manager since the last audit. The village manager is supported by a care centre manager, business manager and regional quality manager.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed two of two shortfalls identified at the partial provisional audit related to the environmental requirements. There were no shortfalls in relation to the previous certification audit.

There were two shortfalls identified at this audit related to staff performance appraisals and monitoring of care.

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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Summerset at Avonhead demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

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

Summerset at Avonhead has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes.

There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available.

All residents' transfers and referrals occur 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.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been three outbreaks recorded and reported on since the last audit.

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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The restraint coordinator is the care centre manager. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and will only use an approved restraint as the last resort.

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	17	0	2	0	0	0
Criteria	0	49	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>	FA	<p>A Māori health plan is documented for the service, which Summerset at Avonhead utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit the service had no residents or staff who identified as Māori.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare. At the time of the audit there were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced at Summerset at Avonhead. There were no residents who identified as Pasifika.</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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager (interviewed) demonstrated how it is also provided within welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with eight family/whānau (three hospital, one rest home and four dementia care) and two residents (both rest home residents in the serviced apartments) confirmed they are informed of their rights and their choices are respected.</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>	FA	<p>Summerset at Avonhead policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Summerset at Avonhead are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Eight staff (three caregivers, two registered nurses (RNs), one acting memory care lead, one chef manager and one property manager) demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are policies to guide the informed consent process. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</p>

and their ability to exercise independence, choice, and control.		
<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>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. The have been two complaints received in 2024 year to date, five complaints made in 2023 and one complaint received in 2022 since the last audit in July 2022. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and business manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	FA	<p>Summerset at Avonhead, located in Christchurch, was opened in September 2021. The care centre is a three-level facility certified to provide care for up to 144 residents. The service has 63 beds across the care centre (20 bed dementia unit and 43 dual purpose beds). There are two double rooms in the dementia unit suitable for couples only, both rooms were single occupancy at the time of the audit. There are also 79 serviced apartments suitable for rest home level care.</p> <p>At the time of the audit there were 62 residents receiving care. There are 18 residents at rest home level (including five residents in the serviced</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>apartments), 27 residents at hospital level of care (including one resident on an accident compensation corporation [ACC] contract) and 17 residents at dementia level of care. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The governance body for Summerset Group is the national clinical review committee who meet monthly and is chaired by Summerset’s head of clinical services. All members on the committee hold senior roles in Summerset Group and there are terms of reference. The head of clinical services reports to the general manager of operations. The head of clinical services works with the general manager of operations and Summerset’s chief executive officer to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There is a comprehensive feedback system and complaints process that is focused on continual service improvement within the service. Summerset at Avonhead has a site-specific business plan FY2024 that includes goals which relate to resident satisfaction, high quality care, dementia friendly, staff learning and development, sustainability and social responsibility, and financial performance. The village manager completes three-monthly progress reports toward these goals (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>The service has a village manager (non-clinical) who has been in the role for two and a half years. The village manager has a background in people and</p>
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		<p>culture. The care centre manager (RN) has been in the role for one year. The management team are supported by a business manager who has been in the role for three months and worked at Summerset for seven years, and an acting memory care lead who has been in the role for one month covering maternity leave and has worked at Summerset at Avonhead since 2021. They are also supported by a regional quality manager and head of clinical improvement (who were both present during the audit).</p> <p>The village manager and care centre manager have maintained the required eight hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Summerset at Avonhead is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, clinical/RN 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 and corrective actions are always discussed and signed off when completed. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>The resident and family/whānau satisfaction survey was completed in March 2024 for Summerset at Avonhead and evidenced an overall satisfaction of 76%. Opportunities for improvement have been identified and implemented. Results have been communicated to residents and family/whānau in the monthly and quarterly meetings, respectively. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was last reviewed on 9 October 2024. Electronic reports are completed for each incident/accident and immediate action is documented with any follow-up action(s) required as evidenced in the twelve accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. Incident and accident data is collated monthly and analysed.</p>

		Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three pressure injury related notifications completed to notify HealthCERT since the last audit in June 2022. There have been three outbreaks reported since the last audit; one gastroenteritis outbreak (March 2024), one influenza outbreak (November 2023) and one Covid-19 outbreak (January 2023). All outbreaks were well managed and reported appropriately.
<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>	FA	<p>There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager, care centre manager and business manager all work full time Monday to Friday. The acting memory care lead works from Sunday to Thursday. There is a first aid trained staff member on duty 24/7. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts. Residents interviewed confirmed their care requirements are attended to in a timely manner. There is also a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There is a national on call 24/7 service available, provided by a dedicated team of six RNs who share the roster.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand Te Whatu Ora, and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset at Avonhead supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 38 caregivers employed, 36 have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources. There are 12 caregivers rostered across the dementia unit. Ten caregivers have achieved the required standards, two</p>

		<p>caregivers are enrolled to complete who were employed in the last 18 months.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (e.g., restraint, medication administration, and wound care). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Twelve of 13 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 and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. To date these have been completed as part of orientation. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p>
<p>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>	PA Low	<p>Seven staff files (one care centre manager, one acting memory care lead, one RN, three caregivers and one business manager) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. 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 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 programmes support RNs and caregivers to provide a culturally safe environment to Māori. There is a staff performance appraisal policy. Not all staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	PA Low	<p>Five resident files were reviewed: one rest home, two hospital (including one on an Accident Compensation Corporation [ACC] funding) and two residents</p>

<p>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>in the dementia unit. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled for long term residents had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet most of the residents' assessed needs. The resident on ACC is long-term and had an interRAI care plan completed that meets their current needs. For the residents in the dementia unit, a behaviour care plan includes a description of activities to meet the resident's needs in relation to diversional, de-escalation strategies over a 24-hour period. The long-term care plan also includes close to normal routine of the resident's usual pattern of behaviour and behaviour management strategies to assist caregivers in management of the resident behaviours. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities</p>
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		<p>to access relevant disability services. A physiotherapist visits the facility two times a week and on request, to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, mental health services for older people (OPMH), palliative care nurse and medical specialists are available as required through Health New Zealand -Te Whatu Ora.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have timely ongoing reviews by the GP and when their health status changes. The GP visits twice during the week and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of medical concerns in a timely manner. The GP was complimentary of the management. The GP is also available after hours for the facility or to advise the RNs.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds required additional specialist input, this was initiated, and a district nurse was consulted. At the time of the audit there were nine active wounds, including two unstageable pressure injuries (one facility acquired).</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are current. Neurological observations are recorded following un-witnessed falls; however, the completion of neurological observations did not always follow policy requirements.</p> <p>A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; behaviour; bowel records; blood glucose levels, food intake charts and fluid balance monitoring. Monitoring charts have been completed regularly except for repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurses interviewed could describe their role regarding medication management. The service currently uses robotic rolls for regular medication and blister packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication rooms and medication fridge temperatures are monitored daily and within acceptable standards. Eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was one resident self-administering their inhaler; the self-administration guidelines for residents who self-administer medications (or wish to) have been implemented. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	FA	<p>The four-week rotational seasonal menu was reviewed by a registered dietitian. Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager reported they</p>

<p>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>accommodate residents' requests. Nutritious snacks are always available.</p> <p>There is a verified food control plan which expires 30 November 2025. The residents and family/whānau interviewed on the days of the audit provided satisfactory feedback in relation to the meals provided. The food services satisfaction questionnaires result in September 2024 evidenced satisfaction with the meals provided.</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>	FA	<p>There were documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident's profile, family/whānau contact numbers and medication chart.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset at Avonhead and comply with legislation relevant to the services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current expiring on 1 July 2025. Any maintenance requests are entered into the Tech One maintenance system. This is checked daily and signed off when repairs have been completed. Equipment failure or issues are also recorded in Tech One. There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The service has recently installed ceiling hoists and these are now included in the annual maintenance plan.</p>

		There were adequate soap dispensers and hand towel dispensers within the facility. This satisfies the previous audit shortfall # 4.1.4
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	There is an appropriate call bell system throughout the building. The call bell system within the serviced apartments has an emergency/nurse call assist as part of the call bell system. This satisfies the previous audit shortfall (partial provisional) # 4.2.5.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the Head of Clinical Improvement (HCI) who acts as the national infection prevention and control lead for the Summerset Group. The infection prevention and control programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually, and completed in January 2024.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).</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</p>	FA	Infection surveillance is an integral part of the infection control programme and is described in the Infection Prevention and Control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. A registered nurse is the infection control

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and prevention lead for Summerset at Avonhead and completed annual training in infection prevention and control. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections are reported to the head of clinical improvement and discussed at the monthly national infection control meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand – Te Whatu Ora.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education is completed by the infection prevention and control coordinator and staff complete hand hygiene and the correct use of personal protective equipment education quarterly. There have been three outbreaks reported since the last audit; one gastroenteritis outbreak (March 2024), one influenza outbreak (November 2023) and one Covid-19 outbreak (January 2023). All the outbreaks were well managed and reported appropriately. Daily outbreak meetings occurred with hand hygiene and food safety/hygiene refreshers completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standard and are approved by Head of Clinical Improvement. Restraint use within Summerset Group is discussed and monitored at the national clinical review meeting. There is also a national restraint group which monitors restraint use and/or that restraint free strategies are maintained.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is the care centre manager (registered nurse).</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe</p>

		restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed as part of training.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	There is a staff performance appraisal policy. Not all staff who have been employed for a year or more have a current performance appraisal on file.	(i). Thirty-three of thirty-eight caregivers did not have an up-to-date annual performance appraisal.	<p>(i). Ensure that staff performance appraisals are completed annually as scheduled.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p>	PA Low	The progress notes are recorded and maintained in the integrated records. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure, weight monitoring, bowel records, blood glucose levels, repositioning charts,	<p>(i). Three of four hospital level residents with high risk of pressure injuries and who were immobile had turning/reposition charts; however, these were completed infrequently.</p> <p>(ii). Nine of eleven unwitnessed falls across five residents evidenced</p>	<p>(i). Ensure turning charts are completed within the stated frequency and where required.</p> <p>(ii). Ensure the</p>

<p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>behaviour, food intake charts and fluid balance monitoring. Monitoring charts have been completed regularly except for repositioning charts. There is a policy describing guidelines for the prevention and management of pressure injuries including guidelines for regular repositioning. One of two hospital level residents requiring repositioning had their repositioning charts regularly completed. The sample was extended to a further two hospital level residents who were immobile and with high risk of pressure injuries. The sample was only used for the purpose of reviewing monitoring requirements.</p> <p>There is a neurological observation policy describing the requirements of completion of neurological observations after a suspected head injury and/or unwitnessed fall. The policy recognises the difficulty of completion of neurological observations related to residents with cognitive deficiencies and requires staff to inform a GP/NP when ceasing observations. The incident reporting system was reviewed. Neurological observations are recorded following un-witnessed falls; however, the completion of neurological observations did not always follow policy requirements and where neurological observations were ceased, there were no notifications made to the GP/NP.</p>	<p>neurological observations were not completed as required (three hospital, one rest home and one from the dementia unit) (a). where neurological observations were commenced, it was not always completed per the stated frequency as per the neurological observation policy (for the two rest home residents and one hospital resident); and (b). where neurological observations were ceased due to other reasons (one dementia resident), this has not been reported as required under the policy.</p>	<p>neurological policy is implemented as required</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.