

# Summerset Care Limited - Summerset by the Dunes

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset by the Dunes
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 18 November 2024    End date: 19 November 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	38

# 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
	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 by the Dunes is part of the Summerset Group of retirement villages and aged care facilities. Summerset by the Dunes is a spacious, purpose-built facility located in Papamoa and provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 116 residents. There were 38 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. The audit process included the review of policies and procedures; residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager (non-clinical) has been in the role since May 2023 and is supported by a care centre manager, who has been in the role since July 2023. 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. Orientation and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified the service meets the Standard.

## 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.

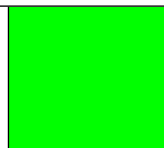


Subsections applicable to this service fully attained.

Summerset by the Dunes 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 for 2024 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset by the Dunes has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset by the Dunes 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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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for assessing, developing, and evaluating care plans under the guidance of the clinical nurse lead. Care plans were individualised based on the residents' assessed needs, with appropriate interventions.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

The organisation uses an electronic medication management system to prescribe and administer medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Electrical and biomedical equipment have been checked and assessed as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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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 staffs' orientation and as part of 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. The internal audit system monitors for a safe environment. There have been no outbreaks since last audit. 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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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Restraint training which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan. Quality review of restraint use occurs monthly and is benchmarked.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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 which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff who identified as Māori. Summerset by the Dunes 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 and equity. The service has an established relationship with the general manager of te Kapu o Waitaha, and local Hei marae for guidance and support.</p> <p>Summerset by the Dunes evidence 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>The service has staff that can act as interpreters. Residents and</p>

		family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. 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. There were no staff or residents that identified as Pasifika at the time of the audit. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset by the Dunes has links with a local organisation (AvaNiu Pasifika) to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people to improve outcomes. Interviews with 19 staff (eight caregivers, five registered nurses (RN), one clinical nurse lead (CNL), one diversional therapist, one recreational therapist, one laundry person, one chef, and one property manager), and three managers (village manager, care centre manager [CCM], 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>	FA	<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 clinical nurse lead supported by the care centre 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. Discussions relating to the Code are held during the monthly resident and family/whānau meetings. 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</p>

		<p>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. Four residents (two hospital, two rest home) and five family/whānau (two hospital and three dementia) interviewed reported that 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>The 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 by the Dunes' 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>The six-monthly satisfaction survey results (March and September 2024) 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. The care plans had documented interventions for staff to follow to support and respect their time together. 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, as evidenced in the goals of the care plans, and</p>

		<p>interviews. 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 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 by the Dunes' policies aim to 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</p>

		<p>boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms reviewed evidenced family/whānau are notified of adverse events. All correspondence with family/whānau is also documented in the progress notes and 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 local hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre 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 Code of Rights. General consent forms were signed appropriately, either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for 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 clearly 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 for all dementia level residents, and for others if appropriate, and all associated documentation was evident in resident files. 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 planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes, with a risk severity rating and available in the complaint register. There have been no complaints received since the service opened in February 2024; however, there are robust processes in place to ensure any complaints received include an acknowledgement, investigation, follow up and completed final resolution letters are sent to the complainant. There had been no complaints received from external agencies.</p>

		<p>Staff would be informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support, when they are not satisfied with the outcome. 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 the 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 care centre 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><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset by the Dunes is certified to provide rest home, hospital (medical and geriatric), and dementia levels of care for up to 116 residents. On the ground floor, there are 20 rooms in the secure memory unit (all 20 rooms were verified as suitable as double rooms for couples; the service would only have two couples if needed at any given time). On level one, there are 40 dual-purpose rooms (36 care suites and four care apartments). Eight rooms have been verified as suitable for doubles.</p> <p>There are 56 serviced apartments in total across three floors. All have been verified as suitable for couples; however, the service will only have up to 10 couples at any given time. There are nine serviced apartments on the ground floor. There are 19 serviced apartments on level 1 and 28 serviced apartments on level 2.</p> <p>In summary, there are a total of 116 beds (20 dementia beds, 40 dual purpose beds (level 1), and 56 rest home beds within serviced apartments (across three floors).</p> <p>On the day of the audit there were 38 residents requiring care. There</p>

	<p>were 21 at rest home level, including one resident on short-term respite; 13 at hospital level; and four at dementia level. There were no residents in the serviced apartments requiring care. All residents (excluding respite) are funded through the age-related residential care (ARRC) contract. All rooms were singly occupied at the time of audit.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the national clinical review group that is run monthly and chaired by the general manager. Members of the committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) 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, and 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 cultural advisor on the Board. 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</p>
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	<p>to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business plan (reviewed quarterly), quality plan, and staff training. The bi-monthly general manager of operations and general manager of clinical services report is discussed at the national clinical review meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and RNs; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The village manager (non-clinical) is an ex-registered nurse with an extensive background in aged care management. The village manager has been in the role since May 2023, and is supported by a care centre manager who has been in the role since July 2023. The management team is supported by a clinical nurse lead, regional quality manager (present at the time of the audit), and group operations manager. The village manager reports monthly to the group operations manager. The care centre manager completes a monthly clinical indicator /analyser report to regional quality manager who in return will discuss any issues in the region at the national clinical review group. The regional manager has fortnightly meetings with the head of clinical delivery to address any issues of concern, corrective actions, and any high-risk areas. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The current business plan for Summerset by the Dunes 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</p>
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		<p>workforce learning development, and sustainability and social responsibility. The goals are reviewed quarterly.</p> <p>The management team have completed the required training hours related to the management of a care facility and include leadership training, with topics on conflict management, change management, complaints management, and code of ethics.</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>	<p>FA</p>	<p>Summerset by the Dunes 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 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 and also emailed to staff work emails to view. 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, which are available on the Summerset's intranet, that guides staff in the provision of care and services. Resident and family/whānau satisfaction surveys were completed in March and September 2024. Both surveys evidence overall satisfaction on the areas surveyed; there were corrective actions required around the meal services in the September 2024 survey. The corrective actions were implemented, and residents</p>

	<p>interviewed stated an improvement in the meals service and followed-up meals survey evidence satisfaction.</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 Somerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically through Donesafe and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are 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 themes raised. Staff incidents, 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 15 accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other 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 and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a</p>
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		<p>Section 31 notification completed related to an unstageable pressure injury (non-facility acquired). Events policy and procedure has been updated to reflect the new SAC 1 and SAC 2 events reporting procedure to the Health Safety and Quality Commission, and management are aware of this. There have been no outbreaks; however, management are aware of the reporting procedures should one occur.</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.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</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 care centre manager both work 40 hours per week Monday to Friday. The care centre manager is on-call 24/7 for any clinical issues, with support from the clinical nurse lead. The village manager is on call 24/7 for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The serviced apartments have caregivers allocated across all shifts. The roster reviewed evidenced RN cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. A Kaitiaki role provides support for the wellbeing team and caregivers seven days a week. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</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</p>

		<p>electronic cultural awareness training at orientation and annually. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. External training opportunities for care staff include training through Health New Zealand.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 22 caregivers employed in total. Fourteen caregivers have achieved level 4, and four have completed level 3 NZQA qualification. Five caregivers are permanently rostered in the secure memory care (dementia unit) and have achieved the required dementia related unit standards. All other caregivers are enrolled, as the service plans to increase staffing in the unit as occupancy increases. A record of completion is maintained on an electronic human resources system.</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 and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies and include subcutaneous fluids, syringe driver and interRAI assessment competency. Seven of eleven RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
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<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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset by the Dunes is supported by a people and culture team for recruitment processes. Eight staff files reviewed (three RNs, three caregivers, kitchen manager, one diversional therapist, and one recreational therapist) 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>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. There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>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</p>

		members of the public. The service 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>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the residents, enduring power of attorney (EPOA)/whānau/family of choice, and, where appropriate, local communities and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, respite, and dementia level of care were in place. Residents assessed in the (dementia) memory care unit were admitted with consent from EPOAs, and documents verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The registered nurses (RNs) and the clinical nurse lead (CNL) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services and are referred back to the referral agency.</p> <p>There were residents who identified as Māori. The organisation has a process to combine a collection of ethnicity data from all residents and the analysis of the same for the purposes of identifying entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p> <p>The RNs, CNL, and the general practitioner (GP) stated that Māori</p>

		health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>A total of seven files sampled identified that initial assessments, interRAI assessments, initial care plans and long-term care plans were resident centred, and these were completed in a timely manner. The files reviewed included three rest home level of care (including one respite), two hospital and two for residents in the memory care unit. Resident, family/whānau, EPOA, and GP involvement is encouraged in the plan of care. The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>All care plans were linked to interRAI assessments, and all triggered outcomes scores were identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms. Residents and family/whānau interviewed reported that the developed interventions were appropriate and effective. All assessment tools considered residents' lived experiences, cultural needs, values, and beliefs. The RNs reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health quality and wellbeing of the residents.</p>

	<p>The GP visits weekly, and after hours, residents are transferred to the hospital for any urgent or acute concerns. Three-monthly reviews were completed promptly or where required. The assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. Short-term care plans were completed for issues such as infections. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents' independent wellbeing. The RNs reported that all referrals for residents who need behavioural support are sought from other agencies, such as the community mental health team. Residents in the memory care unit had twenty-four-hour activities and care plans in place. Behaviour management plans identifying triggers and interventions were implemented as required.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the GP, care staff, and registered nurses, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; pain; blood pressure;</p>
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		<p>blood glucose monitoring; behaviour monitoring charts; bowel charts; food intake and output charts; intentional rounding; and toileting regime, as required for individual residents. Neurological observations have been completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow-up.</p> <p>At the time of the audit, there were four chronic wounds, including one pressure injury (resolving stage III), and two minor active wounds. The staff interviewed stated that adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources, were provided.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The RNs reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a diversional therapists (DT) and a recreational therapist (RT). The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. A newsletter is published two-monthly.</p> <p>The activity programme is formulated by the activities team, in consultation with the management team, national recreational and diversional therapist, registered nurses, EPOAs, residents, and care</p>

		<p>staff. The activities are varied and appropriate for people assessed as requiring rest-home, dementia and hospital levels of care. Activity progress notes, and activity attendance checklists were written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The reviewed care plans described management strategies to minimise, distract, or de-escalate challenging behaviours. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>The activity staff reported that activities are provided either combined in groups or one-on-one in respective wings. Activities sighted on the respective planners included the Memory Care Unit: news and views, body in motion, walking, bowls, gardening, knit and natter, sunshine club, Tovertafel table, movie, and pet therapy. The care centre Programme included (but was not limited to) quizzes; bingo; floor games; poetry; table games; happy hour; interactions; household duties; arts and crafts; Tovertafel; walks; van outings; and music.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week.</p> <p>Summerset by the Dunes identified the project through staff and family feedback, highlighting a lack of meaningful activities and personalised engagement for residents living with dementia in October 2024. This necessitated the service to introduce the Spark of Life approach, which focused on rehabilitating the spirit of residents living with dementia through meaningful and personalised activities. The service used a person-centred approach, thus tailoring activities to each resident's preferences, history, physical, and cognitive abilities. The project focused on emotional engagement, empathy, and tailored interactions to rejuvenate the spirit and empower individuals with dementia to reconnect with themselves and their environment. At the time of the audit, the project was still in its initial</p>
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		<p>stages, and the activities staff reported this will be evaluated and presented as a continuous improvement next audit.</p> <p>EPOA and whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 14 medicine charts were reviewed. 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. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly in all storage areas checked, and deviations from normal were reported and attended to promptly. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>The RN was observed administering medications safely and</p>

		<p>correctly. Medications were stored safely and securely in the trolleys, two locked treatment rooms, and cupboards. Appropriate processes were in place to ensure that residents who were self-administering medicines did so safely. There were residents who were self-administering medications. A self-medication policy was in place when required. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking are prepared and cooked on-site. The kitchen is managed by the chef manager, who reports to the regional food lead. The service employs three chefs, kitchen assistants and cafe staff. Food is prepared in accordance with recognised nutritional guidelines for older people. The verified food control plan expires on 27 June 2025. A registered dietitian reviewed the menu in June 2024. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Upon admission, residents have a nutrition profile developed that identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed monthly. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained and recorded on the electronic record management system. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted.</p> <p>Family/whānau and residents interviewed indicated satisfaction with</p>

		<p>the food service.</p> <p>The chef manager reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also, 'boil ups', hāngi, and pork were included on the menu, and these are offered to Māori residents when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process for managing the discharge and transfer from services. The RNs reported that discharges normally go into similar facilities. The RNs oversee discharges and manage the process until residents leave. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP requires a resident's information, a written request is required to transfer the file.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all discharges and transfers to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>There is a current building warrant of fitness that expires on 2 September 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely around the areas with mobility aids. There are</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>comfortable lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available.</p> <p>There is a full-time property manager who, with the property team, carries out the 52-week planned maintenance programme. The village and property managers are also on call after hours for urgent matters. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by certified tradespeople where required. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>There is a ground floor, level 1, and level 2 (with level 2 only for serviced apartments). The centre has 40 beds. There are also 56 serviced apartments on the ground floor certified for rest home-level care. The memory care unit has 20 beds on the ground floor.</p> <p>Dementia Unit.</p> <p>On the ground floor, there are 20 rooms in the secure memory unit. All rooms are apartments with a lounge, bedroom, and ensuite. There is a separate entrance area. Visitors have speaker access to staff, and then the door will be released for entry into the entrance foyer. All exits in and out require staff to access the swipe card. Coloured walls/decals are used around the corridors to distract residents from locked rooms, dead-end walls, and doors. Contrasting colours in some areas provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident's room that can be personally decorated. There is a small, secure, enclosed nurse's station.</p> <p>The ground-floor Memory Care Unit is built around a large, secure landscaped courtyard. The courtyard is accessible for the residents from both lounges on each side. External paths lead from the dining area and also from the lounge, with large sliding doors and wheelchair access. The outdoor courtyard is well-designed and landscaped for wandering, including raised planters, seating, and</p>
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	<p>umbrellas for shade.</p> <p>Dual-purpose Unit (first floor):</p> <p>There are large, spacious corridors in the dual-purpose rooms on level one. All resident rooms include electric beds and appropriate mattresses for pressure relief. Each bedroom has ceiling tracks for hoists.</p> <p>There are two lifts between floors, one large enough for a bed or stretcher if needed. There are also two stairwells at either end of the building and one through the middle (three in total).</p> <p>The care centre on level one has been divided into smaller homesteads with their own dining and lounge area. There is an open-plan nurse's station near the two dining areas and two lounges, a secure medication/treatment room, and a care home manager's meeting room. There is also a family room available. It was noted that there were a number of balconied rooms and a large balcony off the lounge area, where residents in the dual-purpose unit can look down into the Memory Care Unit courtyard. The village manager and property manager reported that residents can bring their possessions into the home and can adorn their rooms as desired. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access to all communal areas is available.</p> <p>Certified Serviced apartments (across three floors).</p> <p>Each apartment on the 1st and 2nd floor has access to a lift to transfer to the community centre on the ground floor. There is a nurse's station in the centre of the serviced apartments on the 1st floor. There is a specific serviced apartment dining room on level one (for rest home residents) and also on the ground floor for rest home residents. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge, separate bedroom, and ensuite. There are 56 serviced apartments in total. All have been verified as suitable for couples; however, the service will only have up to 10 couples at any given time.</p> <p>Communal toilet and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have</p>
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		<p>free-flowing soap and paper towels in the toilet areas. In the care centre, there are large and small lounges. Activities occur in the larger areas; the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is spacious. There is a hairdressing salon on site. Toilets are suitable sizes to accommodate equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating.</p> <p>The service has established relationships with the local iwi, who have also blessed the land and provided a blessing to the building.</p>
<p>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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures for fire or other emergencies. The New Zealand Fire Service approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was last performed in May 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and for the main building the recreational green is the designated assembly point. An external contractor checks all required fire equipment within the required timeframes. A civil defence plan is in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, a generator is available in the event of a power failure for emergency power supply and a gas BBQ to meet the requirements for 116 residents, including rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of care staff hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The call system involves a pager system, whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff</p>

		<p>member. Staff have walkie-talkies.</p> <p>The “Austco Monitoring programme” is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the Memory Care Unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light in their ensuite automatically turns on and lights under the bed. This prompts the resident to go to the toilet, and then, on leaving the ensuite, the light above the resident’s bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and, therefore, can be set to meet the individual needs of each resident. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. Family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>There is a separate entrance area into the Memory Care Unit. Visitors have speaker access to staff, and then the door will be released for entry into the entrance foyer. All exits in and out require swipe card access by staff. There is a main double-door entrance into the care centre that will be secure at dusk and have phone access.</p> <p>A visitors’ policy and guidelines are available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors’ registers.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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</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>the Summerset 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 support office, a microbiologist, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by support office in consultation with the infection control coordinators, and proposed changes are consulted with village managers and care centre 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 quality manager to head of clinical services. 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	<p>FA</p>	<p>A registered nurse oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control for clinical staff and 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</p>

<p>scope of our services.</p>		<p>referencing. The infection control programme related to infection control activities at Summerset by the Dunes, is linked to the quality programme and is due for review at the end of 2024. 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 is available should there be an outbreak. 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 liaises with the care centre manager and regional quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The infection control coordinator confirmed 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 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</p>
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		acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator 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>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 by the Dunes has an infection control and antimicrobial stewardship programme that aligns with the Summerset 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. The Summerset pharmacist and geriatrician have oversight of AMS data.</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 infections are compared with previous months, reason for increase or decrease, and action advised. New infections are discussed at shift handovers to ensure</p>

		<p>interventions are implemented as soon as they are able to be. Benchmarking is completed with other facilities.</p> <p>The infection control coordinator confirmed residents are offered vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>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; however, the management team are aware of the reporting processes should an outbreak occur.</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. The infection control coordinator also provide support to maintain a safe environment during construction, renovation and maintenance activities should this occur. 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 chemicals are kept in a locked cupboard and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff. There is a sluice room in each area and a sanitiser with 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 has oversight of the facility testing and monitoring programme for the built</p>

		<p>environment. There are regular internal environmental cleanliness audits which reveal any issues. All clothing and linen are laundered on site. The laundry is operational seven days, with dedicated laundry staff Monday to Friday. Caregivers' complete laundry tasks on the weekends; however, the service is in the process of recruiting a dedicated laundry person to fulfil this role. 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 and dryers are checked and serviced regularly.</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>	<p>FA</p>	<p>The restraint policy and procedure are comprehensive and confirm that restraint use is a last resort and must be done in partnership with the resident or their activated EPOA. The choice of device must be the least restrictive possible. The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, governance reporting, and benchmarking. The policy describes restraint as a clinical indicator in the bimonthly report, which is sent to the operations and clinical steering committee. The facility is restraint free.</p> <p>At all times when restraint is considered, the facility will work in partnership with Māori to promote and ensure services are mana-enhancing. The designated restraint coordinator is a registered nurse. There is a job description for the role and terms of reference for the restraint coordinator. Restraint meetings are conducted monthly.</p> <p>The restraint committee is responsible for approving the use of restraints and the restraint processes. Restraint is only used as a last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging</p>

		behaviour. Staff completes a restraint competency annually.
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## 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.

No data to display
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End of the report.