

Summerset Care Limited - Summerset in the Bay

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset in the Bay
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 November 2024 End date: 27 November 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset in the Bay provides rest home and hospital (geriatric and medical) level of care for up to 50 residents in the care centre, and up to 20 rest home residents in the serviced apartments. On the day of the audit, there were 44 residents, including six rest home residents in serviced apartments.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the general practitioner.

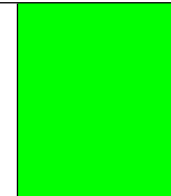
The service is managed by the village manager, care centre manager and clinical nurse lead, with support from the regional quality manager who supported the new management team during the audit. The residents and relatives interviewed spoke positively about the care and support provided.

There were no shortfalls identified at the previous certification.

Shortfalls identified at this audit related to staff training and care planning timeframes.

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.



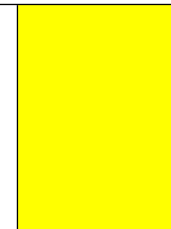
Subsections applicable to this service fully attained.

Summerset in the Bay has a Māori health policy and procedures and Pacific people's health policy and procedure, with other relevant documents to fulfil their obligations and responsibilities under Te Tiriti o Waitangi. Individualised care is delivered with a specific emphasis on acknowledging and respecting the beliefs, values, and cultural backgrounds of each person.

The Code of Health and Disability Services Consumers' Rights has been effectively implemented. Observations and evaluations during the audit underscore a commitment to upholding the rights and dignity of all residents. Residents are also protected from abuse and neglect, with all interviewed confirming that there was never any evidence of either abuse or neglect. Informed consent processes are implemented. The complaints management process is implemented.

Hunga mahi me te hanganga | Workforce and structure

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



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

Summerset Group has a well-established organisational structure with services that are planned, coordinated, and are appropriate to the needs of the residents. The management team is delegated to provide operational management for Summerset in the Bay, with support from the regional quality manager. The business plan informs the site-specific operational objectives which are reviewed on a regular basis.

Summerset in the Bay has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. The management team meet regularly to discuss key performance indicators, including quality and risk.

Staff employed are provided with orientation which includes a buddy system. Staff are rostered to support acuity of residents and numbers of residents. Staff are replaced when on leave.

Ngā huarahi ki te ora | Pathways to wellbeing

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

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of 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. A current food control plan is in place.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. Staff completed training around infection prevention and control.

The infection surveillance programme is implemented. Surveillance of all infections is reported on a monthly infection summary and action plans are implemented. This data is monitored and analysed for trends, monthly, six-monthly and annually.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service has continued to provide a restraint-free environment since the last audit. This is supported by the governing body and policies and procedures. Restraint was not in use at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	16	0	2	0	0	0
Criteria	0	47	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health policy and procedure is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and identifies the five key principles in the Treaty of Waitangi, as defined by the Waitangi Tribunal Hauora Report 2019. Objectives of the policy are documented along with expectations around relationships and stakeholder management, equity, active protection and Māori health.</p> <p>On the day of audit, there were residents and staff who identified as Māori. A review of the cultural aspect of the care plan showed that the care was provided equitably and based on Te Tiriti o Waitangi principles, with recognition of mana motuhake.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>The service has a current Pacific People's policy and procedure. This document guides staff on how Pacific people who engage with the service are supported. There is a focus in the policy and procedures around high-quality person-centred care, respectful relationships, equity, staff education and cultural competency. Currently, there are no Pacific residents at the facility. Staff including those who identified as Pasifika when interviewed, demonstrated an understanding of Pacific culture, its relevance to their policies, and were knowledgeable about how to access community support</p>

Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		for Pacific individuals.
<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>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is an opportunity for residents and their family/whānau to discuss aspects of the Code during the admission process.</p> <p>Interviews with three family/whānau (all with family at hospital level of care) and six residents interviewed (two rest home and four hospital level of care) confirmed that they received information at admission which included the Code. Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori.</p> <p>The village manager, clinical care manager, regional operations manager, and staff interviewed (including two RN, three caregivers, the clinical nurse lead, and one kitchen manager) were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset in the Bay has implemented a training programme for all staff that includes maintaining professional boundaries (link 2.3.4).</p> <p>An abuse, neglect and prevention policy is being implemented, along with a policy that focuses on keeping the service free of discrimination; coercion; harassment; physical, sexual, or other exploitation. Summerset in the Bay provides opportunities for residents and/or family/whānau to report any discrimination, coercion, exploitation or abuse through monthly resident meetings and an open-door policy provided by the management team.</p> <p>Three managers were interviewed (the village manager (VM), care centre manager (CCM) and the regional quality manager (RQM). Seven staff were interviewed, including two registered nurses (RN), three caregivers, the clinical nurse lead, and kitchen manager. All described the facility's ongoing commitment to creating a safe, inclusive environment that respects the dignity and rights of all individuals in its care.</p>

		Systems are established to oversee the personal finances of residents. Residents have the option to buy items from the facility's shop or have additional services and external purchases made on their behalf. The administrative staff maintains records of these transactions. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.
<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>	FA	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA) in the resident files reviewed. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Staff were observed to offer residents the opportunity to give informed consent while care was being provided.</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>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The village manager, along with the care centre manager, has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Summerset in the Bay has an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been 17 complaints made since the last audit to 2024 year to date. A review of the complaint register showed that all complaints were managed in accordance with the HDC Code. All concerns were addressed promptly, and resolution was documented. This was also confirmed through a review of documentation related to three complaints. Recommendations</p>

		<p>for improvement were sighted as being put in place as a result of investigation of complaints. Complainants were informed of the outcome.</p> <p>Residents, and families/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the monthly resident meetings and family/whānau meetings. Interviews with the managers and care staff confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with whānau are preferred in resolving any issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset in the Bay is a Summerset Group retirement village located in Hawkes Bay. They are certified to provide rest home and hospital (geriatric and medical) levels of care in their care centre for up to 70 residents, including 20 serviced apartments that are certified to provide rest home level care. In the care centre, there are 50 dual purpose beds.</p> <p>At the time of the audit, occupancy was 44, including 25 residents requiring hospital level of care, and 19 using rest home level care, including six living in the serviced apartments. Two residents were using respite services (one at rest home level and one at hospital level of care). All remaining residents were on the age-related residential care (ARRC) contract.</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-Clinical Services. 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. The annual business plan is reviewed quarterly and includes site specific goals which links to the quality programme and organisational strategic plan.</p> <p>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</p>

		<p>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 2024 -2025 business plan for Summerset in the Bay describes specific and measurable goals that are reviewed quarterly.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Summerset in the Bay is implementing their 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. Clinical indicator data is entered into the electronic system and analysed and benchmarked within the organisation. A range of meetings are held monthly, including staff meetings, quality, resident, health and safety, infection control, and RNs. Discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits were completed as scheduled, and outcomes show a high level of compliance with the Summerset Group policies and procedures. Any areas that required improvements were followed up, and the audit was repeated, ensuring that the quality loop was closed. Follow up of results showed that service improvements were being made as a result of analysis of data and discussion.</p> <p>There is a comprehensive health and safety system in place with identified health and safety goals. The health and safety committee meets monthly with a wide range of topics covered, including work related risks, opportunities for improvements, and topics related to staff, residents and visitors' wellbeing. The hazard and risk register details the risk and how each risk is mitigated and controlled. These are reviewed annually and were up to date with risks currently in the service. Contractor's sign into the village using an electronic sign in process and they are orientated to the facility prior to undertaking their work.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover (observed). A notification and escalation matrix are available to staff. The</p>

		<p>system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities (including the Health Quality Safety Commission) in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT since the previous audit, with these related to pressure injuries. There have not been outbreaks reported since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>Staffing rosters were sighted, and there are staff on duty to meet the resident's needs. The care centre manager is an experienced registered nurse with a current practising certificate, who works full time including one day on weekend. There is support from the clinical nurse lead and registered nurses.</p> <p>The care centre is on the first floor, with the 20 serviced apartments certified to support residents requiring rest home level of care on the ground floor. A caregiver is rostered on the morning and afternoon shifts to support the six residents in the serviced apartments using rest home level of care. The residents are able to ring the call bell for support from the care centre overnight, with checks made at regular intervals by caregivers and the RN overnight.</p> <p>Staffing in the 50-bed care centre includes caregivers who are rostered onto each shift. This includes six caregivers on the morning shift, five in the afternoons and two overnight, along with an RN who is on 24/7. There are separate cleaning, laundry and administration/reception staff rostered.</p> <p>Residents and family/whānau spoke positively about the availability of staff, including residents who were in the serviced apartments. Staff members expressed satisfaction with current staffing levels.</p> <p>All caregivers are required to complete annual competencies including restraint, moving and handling, culture, and handwashing. Senior caregivers' complete medication administration competencies and second checker</p>

		<p>competencies. A record of completion is maintained on an electronic register.</p> <p>A training plan is documented which includes all required education sessions and exceeds the required eight hours; however, there have been gaps in the completion of training by staff since the last audit.</p> <p>Summerset in the Bay supports caregivers to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Staff completed related competencies and were assessed as per policy requirements. There are 22 of 24 caregivers who have attained relevant standards, including fifteen with level four certificate, five with level three, one with level two, and two who have not started yet.</p> <p>There are nine RNs (including the management team), and five of these RNs maintain competencies to conduct interRAI assessments. RNs have access to clinical training and they maintain syringe driver competencies. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (the care centre manager, two RNs, two caregivers) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored by the care centre manager and clinical nurse lead. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals. All staff files reviewed have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best</p>	PA Low	<p>Five resident files sampled identified that initial assessments and initial care plans were resident centred and always completed in a timely manner. The files reviewed included two rest home (including one resident in a serviced</p>

<p>supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>apartment) and three hospital level of care residents. InterRAI assessments were completed within 21 days of admission in four of five files reviewed. Nutritional requirements forms were updated following interRAI assessments. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Resident, family/whānau, and general practitioner (GP) involvement is encouraged in these plans of care.</p> <p>Timeframes for reassessment, evaluation of a care plan and documentation of a newly reviewed long-term care plan are documented in policy; however, not all files had these completed in a timely manner. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>A contracted GP visits two times a week. The GP completed the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP interviewed confirmed that communication was conducted in a transparent manner, medical input was sought in a timely, logical manner, and medical orders were followed appropriately. Residents' files sampled identified service integration with other members of the health team. There is a contracted podiatrist who visits the service regularly, and a contracted physiotherapist who completes assessments of residents and manual handling training for staff.</p> <p>The RN's reported that sufficient and appropriate information is shared between the staff at each handover. The handover was observed to be comprehensive and factual, with any follow up required for the next shift documented. Interventions were resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by registered nurses. Family/whānau were notified following incidents. Opportunities to minimise future risks were identified by the care centre manager or clinical nurse lead, in consultation with the registered</p>
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		<p>nurses and care staff.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were documented, including plans for gout, and infections. There were 28 wounds reported, including seven skin tears, five ulcers, six lesions, two moisture abrasions, one blister, three wounds, two basal cell carcinomas and one skin breakdown. Wound assessments and management plans were implemented with regular evaluation completed (including photos) and wound care nurse specialists were consulted when required. There was one pressure injury currently being treated.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; intentional rounding; weights; turn charts; bowel charts; neurological observations forms; blood glucose; and restraint monitoring charts.</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>	FA	<p>The medication management policy is current and is in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management is in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications is supplied to the facility from a contracted pharmacy. The GP has completed three-monthly medication reviews, as sighted in medication records reviewed.</p> <p>A total of 10 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications 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. Medications with a short shelf life were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. Medication competencies were current, and these were 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 acted upon. There were no expired or unwanted</p>

		<p>medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication rooms temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Medications were observed to be administered safely and correctly. Medications were stored safely and securely in the trolley, or in the locked treatment room. There were no residents who self-administer medications. All self-medicating documentation was in place, including consent should that be required. There were no standing orders in use.</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>	FA	<p>A kitchen manager oversees food services. The food control plan expires on 27 June 2025. The kitchen manager interviewed stated that they can manage all nutritional and dietary requirements, including those required by different cultures. Allergies are documented when these are identified.</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 in the management of the early discharge/unexpected discharge plan and transfer from services. Discharges are overseen by the clinical team who manage the process until discharge. Discharge or transfers are conducted in consultation with the resident, family/ whānau, and other external agencies. Risks are identified and managed as required.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, wound care nurse specialists, physiotherapists and hospice were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset in the Bay and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The current building warrant of fitness expires 1 August 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body and is reviewed annually. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse is the infection control coordinator, and they advise staff on the management of infection control issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date (link 2.3.4). Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	FA	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections.</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>An infection control surveillance policy is documented. Advice around infection control matters is also sought from the regional quality manager (RN), infection control specialists in the Somerset Group, in Regional Public Health and by liaising with the GP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>The facility has not had any outbreaks since the last audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Somerset in the Bay has achieved a restraint-free environment. Policies and procedures meet the requirements of the standard. Monthly and quarterly reports are escalated to the executive team and the governance group to inform them of any use of restraint. If a Māori resident requires restraint, cultural advice is sought with family/whānau input to explore spiritual and cultural values prior to the decision to use restraint being made. The restraint coordinator (clinical nurse lead) interviewed confirmed that the service is committed to a restraint-free environment. They have strong strategies in place to eliminate the use of restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Low	A training plan is documented. The training programme included clinical trainings on different subjects, including (but not limited to) the Code of Rights; restraint elimination; staff wellbeing; aging promotion and dementia related subjects; residents' wellbeing; safe medication management; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; infection prevention and control; and outbreak management. Training is provided through a mix of face-to-face sessions and iLearn online training. There have been gaps in the evidence of completion of training by staff since the last audit. Competencies have all been completed by both caregivers and staff, as sighted in staff records reviewed.	Training records reviewed did not show evidence of completion of all training for all staff as per the plan.	Ensure that staff have access to training that will support. 90 days

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>All assessments and care plans have been developed by a registered nurse in partnership with the resident and family/whānau. Five resident records were reviewed including three hospital level of care and two at rest home level of care. Staff could describe timeframes for completion of the assessment including the interRAI, review of care plans and evaluation of a care plan prior to documenting the subsequent long-term plan. All initial assessments and care plans were completed in a timely manner; however, not all interRAI assessments.</p>	<p>i). One interRAI assessment was not completed within three weeks after admission of a new resident.</p> <p>ii). The interRAI assessments in two files were not completed prior to the evaluation of the long-term care plan, which was not also completed prior to documentation of the reviewed long-term care plan.</p> <p>iii). One evaluation of a care plan was not completed prior to documenting a new reviewed care plan.</p>	<p>i). Ensure that the first interRAI assessment is completed within three weeks after admission of a new resident.</p> <p>ii). Ensure that interRAI assessments are completed prior to the evaluation of the long-term care plan, which is also completed prior to documentation of the reviewed long-term care plan.</p> <p>iii). Ensure that an evaluation of a care plan is completed prior to documenting a new reviewed care plan.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.