

Summerset Care Limited - Summerset In The Sun

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset in the Sun
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:	79

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 Sun provides rest home and hospital (medical and geriatric) level care for up to 59 beds in the care centre and up to 41 rest home beds in the serviced apartments. On the day of the audit, there were 79 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, and a general practitioner.

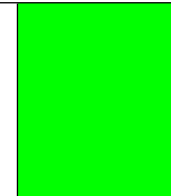
The service is managed by a village manager who is appropriately qualified and is supported by a care centre manager and regional quality manager. The residents and relatives spoke positively about the care and support provided.

The certification audit identified shortfalls related to meetings and discussion of satisfaction survey results.

This audit awarded one continuous improvement rating around model of care delivery.

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.

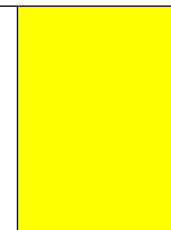
Summerset in the Sun provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview 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 service listens and respects 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.

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.

The Somerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager is supported by a care centre manager who oversees the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Somerset in the Sun has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team.

Somerset in the Sun collates clinical indicator data and benchmarking occurs. There are human resources 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 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.

The care centre manager and registered nurses efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

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

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Most rooms have full ensuites with adequate provision of additional communal resident, visitors and staff toilets throughout the facility. Resident rooms are personalised.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff with the main doors and gates on restricted entry after hours.

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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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been six infection outbreaks reported. The outbreaks were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Summerset In the Sun is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumatua from the local iwi, Whakatu marae whanau ora, and Te Piki Oranga marae for Māori residents' cultural support. Summerset in the Sun also links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori.</p> <p>The village manager stated that they support increasing Māori capacity within the workforce and will be employing Māori applicants when they</p>

		<p>do apply for employment opportunities at Summerset. At the time of the audit there were staff who identified as Māori. Summerset In the Sun evidence commitment to a culturally diverse workforce as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with 13 staff (three caregivers, one care coordinator, two registered nurses, one housekeeper, one head chef, one diversional therapist, two property managers, one physiotherapist, and one activities coordinator) and four managers (village manager, clinical manager, regional quality manager and business manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are no residents that identify as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The village manager and care centre manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset In the Sun partners with Nelson Tasman Pasifika</p>

		<p>Community Trust to ensure connectivity within the region. Code of Rights information is accessible in Tongan and Samoan when required.</p> <p>The service continues to actively recruit new staff. There are currently no staff that identify as Pasifika. The village manager described how Summerset in the Sun continues to provide equitable employment opportunities for the Pacific community. Interviews with staff, management, six residents (four hospital and two rest home), four family/whānau (one hospital and three rest home), 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 Code are included in the information that is provided to new residents and their family/whānau. 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, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (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.</p>
Subsection 1.4: I am treated with respect	FA	Caregivers interviewed described how they support residents to choose

<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>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 over and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Summerset in the Sun promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>There is a sexuality and intimacy policy 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. There was one married couple at the time of the audit with rooms close to each other. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. 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.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village manager and care centre manager have completed training in te reo Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were residents identifying as Māori. The diversional therapist confirmed that the service actively supports Māori by identifying their needs and aspirations which include the physical, spiritual, family/whānau, and</p>
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		psychological health of the resident.
<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>The abuse, neglect and prevention policy is being implemented. Summerset in the Sun policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and 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.</p> <p>Staff complete education on orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed 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</p>	FA	<p>Information about the facility and services provided is included in the comprehensive admission pack given to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service; however, the quarterly friends and family/advocacy meetings were not evidenced as being held since last audit (link 2.2.2). Residents and family/whānau interviewed confirm they know what is happening within the facility and</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>felt informed through emails and regular newsletters.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All communication/ correspondence with family/whānau is documented on the incident reports (where applicable) and the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was no residents who did not speak 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. 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.</p> <p>The service communicates with other agencies that are involved with the resident, such as the 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 and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</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</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Nine electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where</p>

<p>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>applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney as part of the mandatory training.</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>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register.</p> <p>There have been six internal complaints received since last audit. No trends have been identified. All complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. All complaints received and subsequent corrective actions have been discussed in the</p>

		<p>quality improvement and staff meetings. One complaint from the Health and Disability Commissioner remains open. All information requested has been sent and the service is awaiting a response. There have been no external complaints received since the previous audit.</p> <p>Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>Interview with the care centre manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care centre manager acknowledged their understanding that for Māori, there is a preference to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	FA	<p>Summerset in the Sun is located in Nelson and is certified to provide rest home and hospital level care (medical and geriatric) for up to 100 residents. There are 59 dual-purpose beds in the care centre on level one and 41 serviced apartments across two floors certified for rest home level of care. There are no double or shared rooms.</p> <p>At the time of the audit there were 79 residents. There were 31 hospital level care residents including one resident on Accident Compensation Corporation (ACC) respite and one on a long-term support chronic health care (LTS-CHC) respite and 48 rest home level care residents including 23 in the serviced apartments. All the other residents were</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>under the age-related residential care contract (ARRC).</p> <p>There have been changes in the management team since the last audit. The overall management is provided by a village manager who has been employed at Summerset in the Sun since April 2024 and has a background in education and management. The village manager attends local meetings related to aged care and Summerset leadership training sessions. The village manager is supported by a care centre manager, a registered nurse, who has been in the role for two years and recently appointed business manager (six months) who was appointed to the role as part of Summerset pilot of a new care delivery model 'workplace of tomorrow'. The management is supported by a team of registered nurses, care, housekeeping, kitchen, activities, maintenance and administration staff. The management team reports a stable turnover of staff since last audit in June 2023.</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 of clinical services. 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>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings.</p>
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		<p>Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. Summerset in the Sun has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager completes three-monthly progress reports toward these goals (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager and the care centre manager have attended training (including orientation modules) in excess of eight hours over the past year appropriate to their role. The village manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.</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>	PA Low	<p>Summerset in the Sun is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement</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>meetings, registered nurse 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, resident meetings, staff meetings and collation of data were documented as taking place; however, family/whanau meetings have not been evidenced as being held since last audit. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and family/whanau satisfaction surveys has been completed for Summerset in the Sun and evidence a 76% satisfaction with food service, an improvement in environment and services from 70% to 77% and an overall 70% satisfaction with care services. The service benchmarks against other Summerset facilities and although the results are below organisational average there has been an increase in satisfaction over time. Opportunities for improvement have been identified and implemented. The outcome of the surveys with areas of improvement documented and evidence of ongoing implementation have been discussed with staff; however, evidence of discussion with residents and family/whānau was not available.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was last reviewed September 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a</p>
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		<p>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. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries since last audit.</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 health and safety, quality improvement and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Summerset facilities 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 in relation to essential notifications. There have been section 31 and SAC notifications reported. These include (but are not limited to) resident behaviour, fall related fractures, resident wandering, non-facility acquired pressure injury, one change in facility manager, and a Nursing Council notification for registered nurse. There have been six outbreaks since the previous audit. All were reported appropriately.</p> <p>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>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</p>	FA	<p>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster</p>

<p>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>provides sufficient and appropriate coverage for the effective delivery of care and support. The service has recently implemented a new care delivery model which has seen changes to the roster and establishment of new roles of business manager, care coordinator and organisational nursing care services (NCS) team to support the registered nurses in Summerset care centres.</p> <p>Agency staff are utilised to cover short notice absences when these cannot be covered by Summerset staff. Any absences and sick leave are covered through extending working hours through mutual agreement with employees, use of the casual pool of staff or agency. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner. The rosters reviewed evidenced registered nurse 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. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required.</p> <p>The managers all work full time Monday to Friday. On call support for clinical concerns is managed by the NCS team and escalated to the care centre manager as indicated by risk and complexity. The village manage is on call for operational concerns. There is a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There are separate staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days with on call cover by the property managers as required.</p> <p>There is an annual education and training schedule which is being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that</p>
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		<p>they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset In the Sun supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the forty-three caregivers employed, twenty-six have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (e.g., restraint, medication administration, and wound care). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Twelve of fifteen registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. A selection of caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p> <p>A continuous improvement rating is awarded to the service in relation to reduction of hospital transfers following the pilot model of care which included establishment of the Nursing Care Service (NCS) team to</p>
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		support nurses in the care centre.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed 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.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) general practitioners, dietitian, podiatrist, pharmacists and physiotherapist. Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p> <p>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>	FA	<p>There is a resident records policy in place. 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</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>Summerset business continuity plan in case of information systems failure.</p> <p>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 paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care centre manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to</p>

		navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.
<p>Subsection 3.2: My pathway to wellbeing</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>Nine files were reviewed for this audit: three hospital residents, two rest home level residents (who reside within the serviced apartments), two rest home residents, one respite resident under a LTS-CHC contract, and one hospital level resident receiving respite care on ACC funding. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>The residents in respite had initial assessments and an initial care plan care plan documented detailing all care needs.</p>

		<p>General practitioners from a local practice ensure residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The medical practice provides on-call service for after hours and on the weekend. The care centre manager is part of an afterhours on call roster ensuring the provision of clinical advice and support seven days a week. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Summerset in the Sun. The general practitioner was complimentary of the clinical assessment skills as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for upwards of four hours per week. A podiatrist visits every fortnight and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, general practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were 23 wounds (on the day of audit) and no pressure injuries. Many of the wounds were minor skin tears. The wounds were reviewed and had comprehensive wound</p>
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		<p>assessments, wound management plans and documented evaluations including photographs to show healing progression where required. The registered nurses reported the wound care specialist has input to chronic wounds and any pressure injuries. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted).</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one diversional therapist and one activities coordinator (who is completing New Zealand Qualifications Authority (NZQA) diversional therapy qualifications). Activities are provided five days per week. The activities team have current first aid certificates. The programme is supported by the kaitiaki, caregivers, community groups, and pastoral care volunteers.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter and activities programme printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and newspaper reading are offered. There are lounges where residents and families/whānau can watch television and access newspapers, games,</p>

		<p>puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>There are resident meetings which are now facilitated by the care centre manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management is available for safe medicine management that meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Summerset in the Sun uses robotic rolls for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed</p>

		<p>showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were residents self-administering medications on the days of audit. Evidence was provided of adherence to the organisation policy and procedure for safe management and general practitioner review and sign off for competency. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and care centre manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in December 2025. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian (June 2024). The kitchen team leader is supported by five full time chefs, and six kitchen assistants. All kitchen staff have completed safe food handling,</p>

		<p>and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The kitchen team leader receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen team leader has access to the nutrition aspects of the electronic resident information. Resident's nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the dining rooms in temperature-controlled scan boxes. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	FA	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the general practitioner. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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 facility is inclusive of people's culture and supports cultural practices. The building holds a current warrant of fitness, which expires 27 January 2025. Two full time maintenance managers (interviewed) address day to day repairs and complete planned maintenance. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in May 2024). Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day.</p> <p>The facility is spread over two floors. There is lift access between floors. There are serviced apartments situated on the ground floor and first floor levels. All resident bedrooms in the care centre apart from four bedrooms have a full ensuite. There are communal toilet/showers closely located to the standard rooms. Additional toilets are provided for residents, visitors and staff throughout the facility.</p>

		<p>The gardens have been maintained to a high standard and seating and shade are provided.</p> <p>Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. The facility is heated and cooled via airducts. There are heat pumps in resident rooms and service apartments for residents to adjust the temperature of their room to their liking. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p> <p>The village manager reported that should there be planned development for the building, they are aware that Summerset policy states that consultation would occur with Māori and iwi if significant changes are considered for the facility.</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>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff, and visitors are informed of the correct action to take during commencement of employment or via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 18 February 2016. Fire evacuation drills are held six-monthly and was last completed on 9 October 2024.</p> <p>Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, a gas hob and gas barbeques are available. The provider has a large generator on site. In the event of a civil defence emergency sufficient lighting is provided, call bells are fully operational, and all information technology maintains</p>

		<p>function. There are six 2,000 litre tanks of water plus supplies of bottled water enough to provide residents and staff with three litres per person per day. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance. The main gates and front doors close automatically. A timer is set for summer and winter hours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the infection prevention and control (IPC) coordinator (registered nurse). The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team. Expertise and advice are sought from the general practitioner, Health New Zealand infection control team and experts from the local public health unit when required. The infection prevention and control (IPC) coordinator attends the registered nurse meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset in the Sun business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Summerset has an infection control and antimicrobial stewardship programme that aligns with Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. There is a documented pathway for reporting infection</p>

		<p>control and AMS issues to the governing committee. Infection rates are discussed bimonthly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Somerset Operations including infection prevention control and AMS programmes. The Somerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p> <p>Significant infection events such as outbreaks and resident admission to hospital due to an infection are reported at the Village as Category A events in the electronic resident record system. Email alerts are sent to Head Office Clinical team members (all of whom are on the National Clinical Review group) as soon as the event is entered in the system, with appropriate support and follow-up put in place.</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 (IPC) coordinator, a registered nurse, leads, oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the national clinical review group, is linked to the quality improvement programme and is current. The programme is reviewed annually. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the</p>

		<p>audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to outbreaks. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The care centre manager stated that the IPC coordinator 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 recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were last completed in June 2024. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser bottles were available. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The service has printed off educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the national quality team. The policy in place aims to promote optimal management</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioners have overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the National Infection prevention and Control Group (which includes the IPC Coordinator from each care centre), with a particular focus on infections that do and don't meet the infections surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</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. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory 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.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated with evidence of sign off when completed. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been six outbreaks reported since last</p>

		audit: gastroenteritis related outbreak in August 2023, Covid19 in January, July and August 2024, Respiratory Syncytial Virus (RSV) in May 2024 and influenza in August 2024. All the outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported to Public Health and Health New Zealand.
<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>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. QR ('quick response') codes for material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site. The laundry is delivered to the laundry via a chute system from level one and on trollies from the ground level apartments. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. There is a separate laundry room on the ground floor with a washer and dryer for independent serviced apartment residents to do their own laundry. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</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>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. A job description which defines the responsibilities of the role is in place. Despite the facility being restraint free the restraint meetings occur six monthly. This meeting reviews policy and procedure, and staff training.</p> <p>Should there be any residents using restraints, the reporting process to governance would include data gathered and analysed that supports the ongoing safety of residents and staff.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. This includes cultural considerations 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)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The Summerset organisational quality and risk management programme is documented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits, resident meetings and collation of data were documented as taking place; however, the family/whanau meetings have not been evidenced as being held as scheduled since last audit. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>The resident and family/whanau satisfaction surveys have been completed for Summerset in the Sun and evidence an overall 70% satisfaction with care services. Opportunities for improvement have been identified, documented with evidence of ongoing implementation. The outcome of the survey results including areas of improvement</p>	<p>(i). There is no documented evidence to demonstrate that friends and family meetings have been completed quarterly since last audit.</p> <p>(iii). There is no documented evidence to demonstrate that the outcome of satisfaction survey results has been shared and discussed with residents and family/whanau in the care centre.</p>	<p>(i). Ensure meetings have been completed as scheduled.</p> <p>(ii). Ensure evidence of survey results being communicated to residents and family/whānau is documented.</p> <p>90 days</p>

		have been discussed with staff; however, there was no evidence of discussion with residents and family/whanau.		
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.	CI	During a review of the organisational staffing model by an external company, it was identified the highly skilled care centre managers (CCMs) were tied down with reporting, monitoring budgets, rostering and recruiting. These advanced administration skills limited their ability to clinically lead their teams, interact with residents and families. Furthermore, there were over 50 direct reports and they could not provide the level of support the teams required. CCMs reported receiving daily afterhours/weekend calls from their teams, limiting their rest and wellbeing time. This review also confirmed that senior RNs are critical to providing safe service provision as they safely allow more junior staff to learn and develop. There are times where RNs work some shifts where there are limited senior nurses on site. A review of clinical data including hospital admissions, challenging behaviours and falls revealed the benchmarking data for Summerset in the Sun for these two areas were higher than the national	From the information gathered there was pilot of a new model of care which saw a new remote nursing service called Nursing Care Service (NCS) team being established. The NCS RN visited the site initially to establish rapport between the site RNs and the NCS service. The team's role includes (but not limited to) offering advice to care centre registered nurse after hours and on weekends; critical review and troubleshooting with significant events and emergencies, additional support to manage complex residents especially for agency nurses on duty or new registered nurses and increased support and oversight to agency RNs. There have been 517 calls to the NCS team made from Summerset in the Sun. The NCS team have provided proactive consults following changed behaviour events and made recommendations to the Summerset in the Sun team and have supported the facility falls prevention

		average.	<p>project. Fortnightly falls analysis was completed by the NCS falls prevention champion who also attended site falls prevention meetings. A case study was completed by NCS with support from a nurse practitioner on a resident with a history of multiple falls. The recommendations implemented by the team at Summerset in the Sun with the support of the NCS significantly reduced the number of falls the resident experienced.</p> <p>The NCS team have provided orientation support for onboarding RNs allowing for a smooth transition to their role, and offer new registered nurses peer support in clinical decision making at Summerset in the Sun. There has been significant improvement in the use of the SBAR Communication Framework through NCS mentoring which has promoted effective communication and improved practice in critical situations. NCS RNs also provided additional training on long-term care planning, particularly to new RNs, supporting the implementation of person-centred care planning (key to Summerset's Care Charter).</p> <p>NCS RNs assisted with scheduling three monthly GP reviews and supported the RNs to identify early signs of deterioration through clinical file review and mentoring. This also improved RN knowledge of opportunities for deprescribing to reduce the likelihood of inappropriate polypharmacy.</p> <p>Summerset in the Sun set a goal to reduce hospital transfers by 20% by way of making the best use of the expertise of the NCS team supporting registered nurses with assessment of unwell residents. The NCS team has been supporting the registered nurses with assessments of unwell residents. This has enabled the registered nurses to develop their critical thinking and good decision making skills. There were 15 hospital admissions for investigation</p>
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			<p>from Summerset in the Sun prior to the commencement of the pilot (January to June 2024). The goal was to reduce this by 20%. Since the NCS service was introduced, hospital transfers have been reduced to eight between 1 July and 26 November 2024. The goal has been achieved with a 40% reduction with a further plan to reduce the rate of transfers by 10% in the next six-month period. The NCS service has proven to provide valuable support to Summerset in the Sun registered nurses on decision making for acutely unwell residents with appropriate clinical escalation pathways to minimise hospital transfers that cause resident distress and impact on their quality of life.</p> <p>There were no clinical calls made to the CCM throughout the duration of the pilot. Survey results following the pilot evidenced 12 respondents (50%) stated that the service has given them confidence, knowing there is always someone available to discuss clinical issues. Several nurses emphasized that they "couldn't do their job without them," indicating the service is highly valued. Survey results identified that while the service is highly beneficial for some, others have not yet experienced a noticeable difference in their role. Further exploration could help understand whether this is due to differences in workload, cases handled, level of experience amongst on-site nurses or awareness of how to utilize the service effectively.</p>
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End of the report.