

# Summerset Care Limited - Summerset Boulcott

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited		
<b>Premises audited:</b>	Summerset Boulcott		
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care		
<b>Dates of audit:</b>	Start date: 12 February 2025	End date: 12 February 2025	
<b>Proposed changes to current services (if any):</b> This partial provisional audit was conducted to assess the facility for preparedness to provide rest home level of care in 15 apartments and 24 care rooms to provide rest home and hospital level of care (dual purpose) across as part of their staged construction (stage two- Block D).			

There are now 30 rest home beds across the serviced apartments (15 in Block C and 15 in Block D); note only the serviced apartments in the first stage (Block C) were previously verified as suitable for couples. The management stated this is not required for the serviced apartments in Block D.

The 24 care rooms in the care centre are suitable for dual purpose rooms.

Total beds are 69 with 30 serviced apartments suitable for rest home level of care; 24 dual purpose beds and 15 memory care (dementia) beds. The intended use of the new addition is 3 March 2025.

**Total beds occupied across all premises included in the audit on the first day of the audit: 10**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Summerset Boulcott is a new retirement village complex in Lower Hutt, Wellington. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital level care in the newly built dual purpose units and serviced apartments.

The new service is across two levels. On the first floor, there are 24 care rooms in the dual purpose units suitable for rest home and hospital level of care. There are 15 serviced apartments on the second floor, assessed as suitable for rest home level of care.

This partial provisional audit assessed the provider as suitable to provide rest home and hospital level care in the newly built addition. This resulted in a total number of beds to increase from 30 at the previous audit (15 apartments suitable for rest home level of care and 15 memory care beds) to 69 to include the new addition. The service plans to open this stage of the build on 3 March 2025.

The village manager (non-clinical) has been in the role since August 2023. The care centre manager (registered nurse) supports the village manager and has many years' experience in aged care management. The managers are supported by newly appointed registered nurses, a diversional therapist and a team of caregivers. The management team at Summerset Boulcott is supported by the regional quality manager and a Summerset group operations manager (across seven other Summerset sites).

Summerset Group has a well-established organisational structure, which includes a Board, chief executive officer, operations managers, regional quality managers, and a clinical improvement manager. Each of the Summerset facilities throughout New Zealand are supported by this structure. Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services.

The audit identified the new build, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital level care. Summerset is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

There are no improvements required to be completed by the service prior to opening.

## **Ō tātou motika | Our rights**

Not audited.

## **Hunga mahi me te hanganga | Workforce and structure**

Summerset Group have a quality assurance and risk management programme and an operational business plan. The business plan is specific to Summerset Boulcott and describes specific and measurable goals that are regularly reviewed and updated. There is a transition plan around the opening of the new facility.

Summerset Group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital and dementia level care. Senior managers across Summerset provide regular updates and reviews and develop policies and procedures. The newly built facility is appropriate for providing these services and meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and appointment of staff. All staff have been employed. The organisation has an induction/orientation programme that has commenced. Required staff competencies are also completed at this time.

There is a 2025 training plan developed to be implemented at Summerset Boulcott.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area on opening.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice, in accordance with the current Medicine Care Guides for Residential Aged Care. The service has an established electronic medication system. Newly employed registered nurses and caregivers are in the process of completing medication training and competencies. There is a secure medication room in each unit.

There is a qualified chef. The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café on site.

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

The building is completed, and a Certificate of Public Use issued. All building and plant have been built to comply with legislation.

There are handrails in ensuites. The provider has purchased all necessary furniture and equipment, and these were in place. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility and transfer aids. Mobility aids and transfer equipment can be managed in ensuites. The rooms in the dual purpose are for single occupancy and have an ensuite. In addition, the serviced apartments all have a separate lounge, ensuite and bedroom.

Communal areas in all areas are well designed and spacious and can allow for a number of activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

A call bell system has been installed throughout the facility and is operational.

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

There are clear lines of accountability, which are recorded in the infection control policy. The care centre manager has been appointed as the infection control officer across the facility. Monthly collation of infection rates is scheduled to be completed. Infection control is an agenda item of the quality meeting. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Summerset Boulcott has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor. The laundry services are currently sourced out. The facility includes secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes are monitored for effectiveness.

## Here taratahi | Restraint and seclusion

Not Audited.

### 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	12	0	0	0	0	0
Criteria	0	86	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset Boulcott is a new retirement village complex. Stage one (Block C) included a memory care unit and apartments that were certified across three floors in June 2024. There are 15 rooms in the secure memory unit with two rooms (room 2013 and 2014) suitable as double rooms for couples. The total number of residents that can be cared for in the memory care unit is 17. There were six residents in the dementia unit at the time of the audit. There were no couples.</p> <p>There are 35 serviced apartments in total across three floors. There were 15 serviced apartments (Block C) certified as rest home level of care in June 2024. All fifteen apartments were certified as suitable for couples; however, the service will only have up to five couples at any given time. At the time of this audit there were four rest home residents in the serviced apartments including one couple (both rest home level of care).</p> <p>This partial provisional audit was conducted on stage two of the new build (Block D) which includes 24 bed dual care rooms as part of the care centre and further 15 apartments suitable for rest home care. The care delivered in the 15 apartments and 24 care rooms will be under occupation right agreements and care packages. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home in the apartments and rest home and hospital level of care</p>



		<p>across the care rooms. The added levels of care and care beds increased the bed numbers to 30 rest home beds across the serviced apartments (15 in Block C and 15 in Block D); note only the serviced apartments in the first stage (Block C) were previously verified as suitable for couples. The management stated the same is not required for the serviced apartments in Block D. The 24 care rooms are suitable for dual purpose rooms. Total beds are now 69; 30 serviced apartments suitable for rest home level of care; 24 dual purpose beds and 15 memory care (dementia beds). The intended use of the new addition is 3 March 2025.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the national clinical review group that is run monthly and chaired by the general manager. Members of the committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the national clinical review group. Orientation and training are not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the people and culture team can provide internal support. There is a cultural advisor on the Board. There is a quality and risk management programme and a</p>
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		<p>strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business plan (reviewed quarterly), quality plan, and staff training. The bi-monthly general manager of operations and general manager of clinical services report is discussed at the national clinical review meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and RNs; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2025 business plan is specific to Summerset Boulcott and describes specific and measurable goals that are to be regularly reviewed and updated. Site specific goals relate to dementia care, hospital level of care and rest home care in the apartments. The 2024 business plan has been reviewed. The organisation has established relationships with local iwi and Kokiri Marae. The home was blessed as part of the opening ceremony.</p> <p>The service has a village manager (non-clinical) with experience in business management and people management. A care centre manager (registered nurse) supports the village manager and has many years' experience in aged care management. The managers are supported by a diversional therapist, appointed registered nurses and experienced caregivers. The management team at Summerset Boulcott is supported by the regional quality manager, Summerset group operations manager (across seven other Summerset sites).</p>
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		The care centre manager has completed the required training hours related to the management of a care facility and include leadership training, with topics on conflict management, change management, complaints management and code of ethics.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a safe staffing policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The village manager and care centre manager works full time (Monday to Friday). There is a roster tool that assist with implementation of the rostered required hours and include allowances made for the increase in staffing as resident numbers/acuity increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support in a staged manner.</p> <p>There is a proposed roster for the opening of the care rooms centre and new apartments. All the current required staff have been employed and have commenced their orientation.</p> <p>There is sufficient staff employed to date to cover the roster on opening. Staff currently employed includes nine caregivers, and five RNs (three are interRAI trained) and includes four full time and one part time. All RNs have completed syringe driver training as part of the orientation programme.</p> <p>The diversional therapist will oversee the activities provided in the hospital and rest home; initially, caregivers will support implementation of activities. There are two residents on the waiting list for the dual purpose rooms and no residents awaiting admissions to the new apartments. Any other potential residents will be admitted in a phased approach.</p> <p>For the 24 dual purpose beds the roster includes two caregivers on each shift (morning, afternoon, and night), with a RN rostered on each shift and a full time diversional therapist (Tuesday to Saturday from 9 am to 6pm) to support staff and residents. The registered nurse will oversee the dementia unit at night. The care centre manager's office is located in the dual purpose unit and they can relieve the RN to attend to rest home residents in the apartments. There is a medication competent caregiver rostered on each shift to support the RN. All newly recruited staff have completed their first aid training to ensure a first aider is included on the</p>

		<p>roster for all shifts. As numbers increase Kaitiaki roles are included in the roster to assist with meals and supervision in the lounge and with activities.</p> <p>In the serviced apartments there is a caregiver rostered on the AM shift, PM shift, night shift. The serviced apartments are also supported by the care centre manager.</p> <p>Of the nine caregivers already recruited four have completed level three and one has completed level four Certificate for Health and Wellbeing. There is a Careerforce assessor available to support caregivers through training. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing.</p> <p>The service has a contract with a local medical centre to provide a house GP including two nurse practitioners. Initially the GP will visit once a week. The GP service provides on-call cover across 24/7. The service has their own organisational nursing care services (NCS) team to support the RNs in Summerset care centres and includes after hour support services. Agency staff will be utilised at times to cover short notice absences when these cannot be covered by Summerset staff. The village manager is on call for any operational related issues. 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>A contract is in place for a physiotherapist, initially as required and then it will increase to set number of hours a week. Other contracts include a local pharmacy, and podiatrist. There is a National Summerset Dietitian available for support.</p> <p>A 2024 education planner (as part of the quality programme annual planner) is available for the service. There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include (but not limited to) palliative care training; specialised wound care training; dementia strategy; Treaty of Waitangi; and Māori health. There is a national learning and development team that support staff with online training resources. Staff will complete electronic cultural awareness training at orientation and annually. Learning content provides staff with</p>
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		<p>up-to-date information on Māori health outcomes and disparities, and health equity. Staff are provided with resources during their cultural training and through the Summerset library. External training opportunities for care staff include training through Health New Zealand. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; communication; cultural competence; personal protective equipment (PPE); fire safety; and emergency management. These are completed as part of orientation and annually as part of the education plan.</p> <p>A meeting schedule has been reviewed and currently implemented. The service encourages all their staff to attend monthly meetings (eg, staff meetings and quality meetings). Resident/family meetings are to be held monthly and will provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility. A health and safety team meets monthly and chaired by the property manager. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace. Environmental internal audits are scheduled and completed. Staff wellness is encouraged through participation in health and wellbeing activities. Information supporting the Employees (TELUS) is available to staff when employed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for the infection control nurse, restraint coordinator, health and safety officer, and fire warden/officer.</p>

<p>capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is maintained for all health professionals. All staff have an appraisal at 12 weeks and 6 months following employment and annually thereafter.</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. A four-week orientation programme has been developed for all new staff and this has already commenced at the time of the audit. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; and palliative- end of life training, cultural training, advocacy and communication, consumer rights, reporting and managing workflow, continence, nutrition and hydration restraint, enabling participation, observation and recording, `becoming a dementia friend`,</p> <p>The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; Medimap; emergency and fire training; and dementia model of care. Registered nurses complete additional training at orientation and include shared goals of care; care planning; critical thinking and the deteriorating adult, syringe driver.</p> <p>The diversional therapist has completed additional training in bringing the best life; person centred approach through life stories; complementary therapies; technology to enhance (Tovertafel).</p> <p>The four weeks also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed robotic medication system, with a contract in place from a local pharmacy. There is a spacious locked medication room in the dual purpose unit on the first floor and second floor, with spacious benchtops, a handbasin and secure safe for controlled medications.</p> <p>For serviced apartments, medications can also be stored in a locked cupboard in each resident room. Medimap is well established. There is sufficient Wi-Fi coverage.</p> <p>A medication trolley, a specimen fridge and medication fridges are available for each medication room. The medication rooms are secure, with camera surveillance and are furnished. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is completed. Medication training and competencies are currently completed at orientation. A competency policy and competency assessment is available.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that the registered nurses and caregivers deemed competent, will be responsible for administration of medications.</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Summerset do not use standing orders and all over the counter medications residents wish to take, will be reviewed and considered by the GP/NP, and prescribed on the Medimap system.</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>	FA	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a chef manager and a second chef, four kitchen assistants and two café</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>assistants employed to date.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café in the recreation area. There is a walk-in chiller, freezer, and pantry. There is a thirteen-week autumn menu approved by a dietitian (4 February 2025). Food is to be transported in hot boxes to the satellite kitchen in the main dining room of the dual purpose unit on the first floor and the serviced apartments. Meals are to be served to residents from the hot boxes in the satellite kitchen by kitchen staff. There is a lift near the service area, which will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery, and resident food equipment has been purchased and has been installed and ready for use. The kitchen is currently operational. There is a registered Food Control Plan that is valid till September 2025.</p> <p>The satellite kitchen on the first floor is fully equipped with a fridge, dishwasher, plate warmer, stovetop, crockery and cutlery. The satellite kitchen is open plan and adjacent to a dining room that is spacious to accommodate residents with different mobility aids. The village manager confirmed the dining room can accommodate up to 64 residents. There are lip plates, special utensils and beaker cups available.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a Summerset national dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures, other fridges in the satellite kitchen and food temperatures are undertaken and documented. Food safety in-service training is conducted and completed by all kitchen staff. Māori and Pasifika food service training is also included in the training programme.</p> <p>There is a fridge in the kitchenette in the dual purpose unit that can hold snacks available 24/7. Boiling water taps in kitchenettes have a safety mechanism. Management advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff are involved in the activities theme months, particularly during cultural theme months and celebrations. The menu provides a range of choice and options that accommodate cultural meals. The menu caters for all meal consistency. There are products</p>
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		available to thicken fluids if required. The kitchen manager is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents. The open plan dining room is spacious to accommodate residents' needs.
<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>Stage two (Block D) of the staged building project has been completed, which includes 15 apartments on floor two which are attached to a main reception and recreation area on the ground floor. There are 24 care rooms on the first floor.</p> <p>There is a Certificate of Public Use expiring on 7 July 2025. All building and plant have been built to comply with legislation. The resident areas are fully furnished and carpeted throughout.</p> <p>All electrical equipment and other machinery are new and will be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased. The new furniture and equipment are appropriate for the needs of the residents at hospital and rest home level of care.</p> <p>There is a current maintenance plan implemented by a full time property manager and include annual calibration of equipment, testing and tagging of electrical equipment and regular servicing of overhead ceiling hoists. The hot water temperatures are regulated electronically and the property manager gets alerts when there is a fluctuation in water temperatures. The hot water temperatures for the new build was reviewed and within acceptable ranges.</p> <p>24 dual purpose care rooms (floor one)</p> <p>All rooms were verified as suitable for rest home and hospital level of care. There is lift and stair access to the dual purpose unit directly from the main reception on the ground floor. There is an open plan nurses' station for ease of supervision, the placement of the computers provided for privacy. Residents cannot enter the nurse's station. There is a separate office, whanau room and meeting room where handovers and conversations can occur privately.</p> <p>Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. There is separate sign in equipment at the</p>

		<p>nurse's station for visitors. All safety doors require swipe card access by staff. There is a disability toilet next to the lounge and visitor's toilet just outside the main entrance. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There is bathroom underfloor heating in the ensuites.</p> <p>All rooms are spacious with mixed floor plans (12 are 20sqm and another 12 are 31sqm) with wide door openings and spacious for safe use of transfer and mobility equipment. There are lights above where the bed is placed, a sensor light in the room and ensuite. Each room is fitted with a ceiling hoist and hospital bed with controls and a mattress with a sensor (can be activated when required to alert to movement to prevent falls). All rooms have either a big window with opening hatches or slider windows (with safety balustrade).</p> <p>There are hand sanitiser dispensers available throughout. There is adequate space for storage of mobility equipment. There are seats available for resting to be placed around the hallways. Communal areas allow for safe use of mobility equipment and comfort chairs.</p> <p>There is a big open plan dining room/lounge area with kitchenette suitable for up to 64 residents. All flooring is appropriate for ease of cleaning. A range of equipment (slings, nebulisers, oxygen concentrators, syringe drivers, transfer equipment including standing hoist and sara steady, lifting belts, pressure relieving mattresses and booties, sitting scale, wheelchairs, sensor and fall mats, low and high walker frames) is suitable for hospital level care.</p> <p>A secure medication room, secure sluice with laundry chute, cleaners' room, secure linen cupboards, are adjacent to the nurses' station.</p> <p>The regional quality manager stated all rooms can be personalised. Rooms were observed to have sufficient light and ventilation. There are centralised heating and ventilation throughout the building with heat pumps in rooms. The heat pumps can be individually dialled. There is safe access from the lounge with two spacious balconies with seating and shade. There is a quieter lounge at the end of floor one.</p> <p>15 Serviced apartments (on floor two)</p> <p>There are 15 apartments on the first floor. All fifteen apartments are</p>
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		<p>verified as suitable for rest home care.</p> <p>There is lift and stair access to the apartments from the main entrance. There is a lobby with seating. Visitors also have speaker access to each apartment. There are 15 serviced apartments (43sqm) with as separate bedroom, ensuite and open plan lounge/kitchenette area. There are apartments with a big slider window safeguarded by balustrades. All rooms and communal areas allow for safe use of mobility equipment. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There is underfloor heating in the ensuites. There are heat pumps in the lounge areas.</p> <p>The apartments have access to an open plan lounge/dining room (for rest home residents) with a full kitchenette on the first floor and direct access to the recreation area with dining area on the first floor. All flooring is appropriate for ease of cleaning. There are communal mobility toilets near the lounges. Visitor toilets are also available. There are seats available for resting to be placed around the hallways.</p> <p>There is a large nurse` station on floor one, all computer equipment is installed and operational. A secure sluice with laundry chute, cleaners` room, secure linen cupboards, laundry (for personals) are adjacent to the nurses` station. There is a separate medication room for the apartments with lockable safe storage for medication. There will be a secure medication safe in each rest home residents` rooms when initially admitted. Rooms were observed to have sufficient light and ventilation. There is centralised heating and ventilation throughout the building with heat pumps in the lounge areas of each apartment. There is safe access from the lounge on the first floor to two spacious balconies with seating and shade. There is a quieter lounge at the end of floor one.</p> <p>There are hand sanitiser dispensers available throughout. There is adequate space for storage of mobility equipment. The service has established relationships with the local Iwi who have also blessed the land and provided a blessing to the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	FA	<p>The site-specific emergency manual for Summerset Boulcott includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>disasters. There is an emergency management and civil defence plan 2025. This includes a Tsunami management plan.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening and has been completed on 5 February 2025. All new registered nurses, the care centre manager and newly employed caregivers hold first aid certificates. All nine caregivers employed completed their first aid training, use of fire evacuation equipment, fire drill and emergency and fire training on the first day of the audit. There are first aid kits at teach nurses' stations.</p> <p>The fire service has all fire exits in place. There is fire separation between evacuation areas such as open spaces such as lounges. There are manual call points throughout the facility. The fire evacuation scheme has been approved by the New Zealand Fire Service (NZFS) 22 November 2024 with a fire drill completed on 5 February 2025. All apartments have smoke stop doors. There is evacuation chairs located at the stairs and evacuation mattresses on the beds in the dual purpose unit.</p> <p>The service also has a generator on site in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence cupboard on each floor which includes all necessary civil defence requirements. A number of ceiling water tanks are available that meets the requirements of the local civil defence guidelines.</p> <p>A new call bell system has been installed throughout the facility and is operational/activated. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Staff communicate with work issued phones. Residents will be issued with neck pendant/wrist pendant on request and these interfaces with the nurse call system. There are nurse call screens and sounders throughout the dual purpose unit and apartments.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light</p>
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		<p>in their ensuite automatically turns on.</p> <p>There is speaker access to staff for the door to be released to enter the entrance foyer. Staff wear uniforms and are identifiable.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk, with speaker access.</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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset Boulcott 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 as part of their senior management team, personnel with expertise in IPC and AMS. There is an organisational IPC committee that meets bimonthly. All IPC nurses across Summerset are part of this committee.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Operational and Clinical Steering Committee. Monthly collation of data is collected by the infection control nurse (ICN), trends are to be analysed and an agenda item at monthly infection control meetings. Internal and external benchmarking occurs. The infection control programme is sufficient to meet the needs of residents at rest home, hospital or dementia level of care.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), the national clinical team, the GP, and the public health team. External resources and support are available through external specialists, microbiologist, GP/NP, and Health New Zealand when required. There are adequate resources to implement the infection control programme at Summerset Boulcott.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is reviewed annually. The programme for 2024 was reviewed. The care centre</p>

<p>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>	<p>manager is the infection control nurse (ICN) and has completed training for the role. There is a documented IPC role description.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), are available should a resident infection or outbreak occur. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The four-week induction programme includes infection control as a training topic. Annual infection control training is included in the mandatory in-services that are held for all staff. The 2025 plan was sighted. The ICN has access to an online training system with resources, guidelines, and best practice.</p> <p>At site level, the care centre manager has responsibility for purchasing thermometers, face masks and face shields. There is a process to manage and rotate stock. All other equipment/resources are purchased at national level.</p> <p>The regional quality manager confirmed there was infection control input into stage 2 of the new build. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Monitoring of processes related to the use of single use items and decontamination of equipment will occur through infection control, cleaning and environmental audits. The regional quality manager and manager and care centre manager confirmed equipment will be used according to manufacturers instructions and single use items will not be reused. Educational resources in te reo Māori can be accessed online if needed</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is to be monitored, recorded at site level, and analysed by the Summerset clinical pharmacist and geriatrician that provide oversight of AMS data. At an organisational level, further discussion takes place at senior management level and is reported to the Operational and Clinical Steering Committee. The GP/NP will be responsible for prescribing.</p> <p>Trends are identified at national level. Feedback and further input occur from the national senior management level.</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>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. This is already implemented at Summerset Boulcott. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	FA	<p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p>

<p>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 antimicrobial resistant organisms.</p>	<p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (on each floor). Sluice rooms are secure with stainless steel bench, sanitizers and handwashing facilities. There are spill kits in the sluice rooms. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme. There is enough PPE and equipment provided, such as aprons, gloves, and masks. There are outbreak kits ready to use.</p> <p>There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are conducted as per the quality assurance programme.</p> <p>The laundry is in the service area on the ground floor and has only one entrance and exit door, the dirty to clean flow was demarcated to ensure staff understand the flow. The laundry is fully operational; however, the laundry services for all linen, personal items, kitchen linen and mop heads are sources out to an external provider. The external provider delivers and pick up laundry twice a week. The care centre manager confirmed the contract will increase to meet the needs of the increased resident numbers. The laundry is large and includes two commercial washing machines and two dryers. Covered linen trolleys are used to transport linen. Laundry chemicals are within a closed system to the washing machine.</p> <p>There is a laundry area on the second floor for personal items. Dirty linen can be transported to the ground floor via a laundry chute in the laundries on each level. Residents' clothing is labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room on each level. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are to be provided seven days a week. There are staff employed as cleaners. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It</p>
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		details consultation by the infection control team.
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# Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.