

# Summerset Care Limited - Summerset Richmond Ranges

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Richmond Ranges
<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: 23 January 2025      End date: 24 January 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	69

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset Richmond Ranges is part of the Summerset Group of retirement villages and aged care facilities. Summerset Richmond Ranges is a spacious, purpose-built facility located in Richmond and provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 119 residents. There were 69 residents on the day of audit. Summerset Group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

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

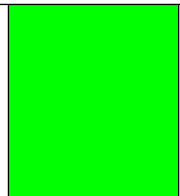
There has been a change in management since the last audit. The management team is supported by the regional quality manager and group operations manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. Orientation and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

The service was awarded a continuous improvement rating for the implementation of a registered nurse after hours virtual support to improve care quality.


This certification audit identified the service meets the Standard.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Summerset Richmond Ranges provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the site-specific operational objectives which are reviewed on a regular basis.

Summerset Richmond Ranges has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset Richmond Ranges collates clinical indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for assessing, developing, and evaluating care plans under the guidance of the care centre manager. Care plans were individualised based on the residents' assessed needs, with appropriate interventions.

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Electrical and biomedical equipment have been checked and assessed as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities. Emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents and family/whānau reported a timely staff response to call bells. The dementia unit is secure. Security is maintained

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of staffs' orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Benchmarking occurs with other Summerset Group facilities. Antimicrobial usage is monitored and reported on. A robust pandemic and outbreak management plan is in place. The internal audit system monitors for a safe environment. There have been five outbreaks since last audit. Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is governance commitment documented to eliminate restraint in their facilities. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Restraint training which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan. Quality review of restraint use occurs monthly and is benchmarked.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents who identified as Māori. Summerset Richmond Ranges is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with Te Piki Oranga (Māori health provider), who provide support and guidance for Māori people.</p> <p>There were Māori staff at the time of the audit. Summerset Richmond Ranges evidence commitment to a culturally diverse workforce, as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.</p>

<p>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>	<p>FA</p>	<p>The Pacific Health Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and provide high quality healthcare. On admission all residents state their ethnicity. There were no residents or staff that identified as Pasifika at the time of the audit. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset Richmond Ranges partners with Nelson Tasman Pasifika Community Trust to ensure connectivity within the region. Interviews with 19 staff (eight caregivers, four registered nurses {RN}, one memory care lead, one diversional therapist, one recreational therapist, one laundry person, one kaitiaki, one chef manager and one property manager), and three managers (one village manager, one care centre manager and one business manager) and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care centre manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five residents (two hospital and three</p>

		<p>rest home level of care, (including one resident in the serviced apartments)) and eight family/whānau (six hospital and two dementia level of care) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Summerset Richmond Ranges' annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. The satisfaction survey results (March and September 2024) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged, as evidenced in the goals of the care plans, and interviews. 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. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers</p>

		Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency.
<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>An abuse, neglect and prevention policy is being implemented. Summerset Richmond Ranges 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 a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Staff complete education at orientation and as per the annual training plan on the code of conduct, code of ethics, workplace bullying, harassment/discrimination, professional boundaries and whistle blowing policy. Police vetting 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 RNs 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</p>	FA	<p>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Eighteen electronic accident/incident forms reviewed evidenced family/whānau are notified of adverse</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>events. All correspondence with family/whānau is also documented in the progress notes and was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and of any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the local hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, resident and family/whānau meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Health and Disability Commissioners Code of Health and Disability Consumers' Rights. General consent forms were signed appropriately, either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated for all dementia level residents, and for others if appropriate, and all associated documentation was evident in resident files. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving</p>

		<p>services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written using an electronic complaint register. There have been six complaints made in 2024 and two received in 2023 since the last audit in August 2023. Follow up and resolution letters include a link to the national advocacy service. All complaints received and subsequent corrective actions have been discussed in the quality improvement and staff meetings. A complaint made through Health and Disability Commissioner (HDC) in 2022, which was recorded at the last audit remains open. An email request from HDC in January 2025 has been responded to and the service is awaiting a confirmation response from HDC. Two complaints were made through Health NZ, who requested follow up against aspects of one of the complaints that included call bell response times, staffing ratios and advocacy meetings. There were no identified issues in respect of this complaint.</p> <p>Staff would be informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support, when they are not satisfied with the outcome. Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents (care centre) meeting and family/whānau (memory care) meetings are held monthly where concerns can be raised. Family/whānau confirm during interview that the management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care centre manager and village manager acknowledged their understanding that Māori prefer face-to-</p>

		face communication and to include whānau participation in the complaints process.
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset Richmond Ranges is a purpose-built facility located in Richmond and provides care for up to 119 residents. The care centre is a three-level facility. The ground floor includes the service areas, a secure 20 bed memory care unit (dementia care). There are 43 dual-purpose beds (rest home and hospital level of care) on the first floor. There are 56 serviced apartments across the three floors, which are all certified to provide rest home level care. At the time of the audit, there were 69 residents receiving care under the aged residential care contract (ARRC); 29 rest home level residents, including 11 in the serviced apartments; 22 hospital level residents and 18 dementia level residents. The service has two double rooms (both located in the memory care unit) intended for couples. There was one married couple in one of the double rooms at the time of the audit.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the national clinical review group that is run monthly and chaired by the general manager. Members of the committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural</p>

	<p>safety. Terms of reference operate for the national clinical review group. Orientation and training are not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the people and culture team can provide internal support. There is a cultural advisor on the Board. There is a quality and risk management programme, and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business plan (reviewed quarterly), quality plan, and staff training. The bi-monthly general manager of operations and general manager of clinical services report is discussed at the national clinical review meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and RNs; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The village manager (non-clinical) has been in the role for four months and is supported by a care centre manager who has been at Summerset Richmond Ranges since March 2023 and in the care centre manager for six months. The management team is supported by a business manager, regional quality manager (present at the time of the audit) and the group operations manager. The village manager reports monthly to the group operations manager. The care centre manager completes a monthly clinical indicator analysis report for the</p>
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		<p>regional quality manager who in return will discuss any issues in the region at the national clinical review group.</p> <p>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>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset Richmond Ranges is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and emailed to specific staff work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements are documented, discussed with staff and progress reviewed. The service was awarded a continuous improvement rating for the implementation of a registered nurse after hour virtual support system to improve care quality (link 2.3.3).</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 are available on the Summerset intranet, which guides staff in the provision of care and services. Family/whānau (memory care) and</p>

	<p>resident (care centre) satisfaction surveys were completed in March and September 2024 respectively. Both surveys evidence overall satisfaction on the areas surveyed, corrective actions required around laundry services in the March survey and food services in the September survey. Resident and family/whānau (care centre) meeting and family/whānau (memory care) meetings are held monthly where concerns can be raised. Quarterly advocacy meetings are conducted for residents and family/whānau with an independent advocate.</p> <p>A health and safety system is in place. Health and safety is managed by the operations health and safety committee, which reports to the national health and safety committee for Summerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically through Donesafe and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the themes raised. Staff incidents, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a</p>
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		<p>high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications for change of Village and Care Centre Manager were sent from Summerset head office. There has been no other Section 31 notifications or SAC reporting to the Health Safety and Quality Commission completed since the last audit. There have been four Covid-19 outbreaks (October 2023, May, June and November 2024) and one gastroenteritis outbreak (October 2024) reported. All were reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<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 provides sufficient and appropriate ratio coverage for the effective delivery of care and support for rest home, hospital and memory care residents. 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 RNs in Summerset care centres. Agency staff are utilised at times 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.</p> <p>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 RN cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required. The village manager, care centre</p>

	<p>manager and business manager all work full time from 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 service was awarded a continuous improvement rating for the implementation of registered nurse after hour virtual support to improve care quality.</p> <p>The village manager is on call for any operational related issues. 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 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. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset library. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 56 caregivers employed in total. Twenty-four caregivers have achieved level 4, fourteen have completed level 3 and eight have completed level 2 NZQA qualification. Fourteen caregivers are permanently rostered in the secure memory care unit, five have achieved the required dementia related unit standards, eight caregivers are in progress of completing and one caregiver has not yet commenced (this caregiver has been employed within the last 18-months). A record of completion is maintained on an electronic human resources system.</p> <p>There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene.</p>
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		<p>Registered nurses' complete specific competencies that included subcutaneous fluids, syringe driver and interRAI assessment competency. Eight of ten RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset Richmond Ranges is supported by a people and culture team for recruitment processes. Eleven staff files reviewed (one care centre manager, one business manager, one RN, five caregivers, (including one care coordinator), one chef manager, one diversional therapist and one property manager) evidenced implementation of the recruitment process, employment contracts, police vetting checks and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals 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 RNs and caregivers to provide a culturally safe</p>

		<p>environment for Māori. The service currently has no volunteers, however an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or 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</p>	<p>FA</p>	<p>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the residents, enduring power of attorney (EPOA)/whānau/family of choice, and, where appropriate, local communities and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, respite, and dementia level of care were in place. Residents assessed in the (dementia) memory care unit were admitted with consent from EPOAs, and documents verified that EPOAs consented to referral and</p>

<p>information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>specialist services. Evidence of specialist referral to the service was sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The registered nurses (RNs) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services and are referred to their referring agency.</p> <p>There were no residents who identified as Māori. The organisation has a process to combine a collection of ethnicity data from all residents and the analysis of the same for the purposes of identifying entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p> <p>The RNs, and the nurse practitioner (NP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of nine files sampled identified that initial assessments, interRAI assessments, initial care plans and long-term care plans were resident centred, and these were completed in a timely manner. The files reviewed included three rest home level of care, three hospital and three for residents in the memory care unit. Resident, family/whānau, EPOA, and GP/NP involvement is encouraged in the plan of care. The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>All care plans were linked to interRAI assessments, and all triggered</p>

	<p>outcomes scores were identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes. Residents and family/whānau interviewed reported that the developed interventions were appropriate and effective. All assessment tools considered residents' lived experiences, cultural needs, values, and beliefs. The RNs reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health quality and wellbeing of the residents. Residents in the memory care unit had behaviour assessments, behaviour charts are in place. For residents with behaviours that challenge, there is a 24-hour care plan with specific strategies and interventions to assist with de-escalation strategies.</p> <p>The GP and NP visit weekly, and after hours, residents are transferred to the hospital for any urgent or acute concerns with support from NCS. Three-monthly reviews were completed promptly or where required. The assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. Short-term care plans were completed for issues such as infections. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents' independent wellbeing. The RNs reported that referrals for residents</p>
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	<p>who need behavioural support are sought from other agencies, such as the community mental health team. Residents in the memory care unit had twenty-four-hour activities and care plans in place. Behaviour management plans identify triggers and care plan interventions were implemented as required.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP/NP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were documented to reflect a true picture of the residents' care journey. A multidisciplinary approach promotes continuity in service delivery, including the GP/NP, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the GP/NP, care staff, and registered nurses, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; pain; blood pressure; blood glucose monitoring; behaviour monitoring charts; bowel charts; food intake and output charts; intentional rounding; and toileting regime, as required for individual residents. Neurological observations have been completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow-up with information provided to the family/whānau.</p> <p>At the time of the audit, there was one chronic wound, two pressure injuries (stage two), and several skin tears and minor wounds treated at the time of the audit. The staff interviewed stated that adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources, were provided. Short term care plans are utilised for acute issues including weight loss, infections, and changes in medication. Short term care plans are signed off when resolved or transferred to the long-term care plan when ongoing for</p>
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		<p>more than 21 days.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The RNs reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. There were no residents who identify as Māori. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a diversional therapist (DT) and a recreational therapist (RT). The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were placed on noticeboards to remind residents and staff. A newsletter is published monthly.</p> <p>The activity programme is developed by the activities team, in consultation with the management team, national recreational and diversional therapist, registered nurses, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home, dementia and hospital levels of care. Activity assessments are completed for each resident within a reasonable timeframe required, progress notes, and activity attendance checklists were written daily.</p> <p>Activities in the care centre are provided from Monday to Friday by the DT and sufficient resources and guidance are available for caregivers to assist with weekend activities. The RT facilitates the activities programme in the memory care unit with support from a casual RT two days a week. The activities programme runs from 8.30-4.00 pm. There</p>

		<p>is a Kaitiaki that assist the DT in the care centre from 7.00 am-1.00 pm and again from 4.00 pm-8.00 pm. The Kaitiaki works also weekend days.</p> <p>The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The reviewed care plans described a 24-hour rhythm of the day to reflect close to normal routine to assist with management strategies to minimise, distract, or de-escalate challenging behaviours.</p> <p>The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) and family /whanau meetings (monthly) provide a forum for feedback relating to activities. There is an advocate that meets with residents and family/whānau quarterly.</p> <p>The activity staff reported that activities are provided either combined in groups or one-on-one in respective wings. Activities sighted on the respective planners included the Memory Care Unit: news and views, body in motion, multi- ball wall activities, walking, boccia bowls, gardening, Tovertafel table games, group, household duties, and pet therapy. The care centre programme included (but was not limited to) quizzes; bingo; floor games; virtual reality, poetry; table games; happy hour; movie, men’s group; household duties; arts and crafts; walks; art and music. Regular van outings and church services are included. The variety of activities are meaningful and reflect the spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments of each resident` group.</p> <p>There were no residents who identified as Māori. The activities staff reported that opportunities to participate in te ao Māori is facilitated by celebrating religious and cultural festivals and Māori language week.</p> <p>The EPOAs, whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
Subsection 3.4: My medication	FA	The medication management policy is current and in line with the

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP/NP completed three-monthly medication reviews. A total of 18 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a medication error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly in all storage areas checked, and deviations from normal were reported and attended to promptly. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>The RNs were observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, two locked treatment rooms, and cupboards. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There were no residents who were self-administering medications. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The NP stated that when requested by Māori, appropriate support and advice would be provided.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking is prepared and cooked on-site. The kitchen is managed by the chef manager, who reports to the regional food lead. There are sufficient number of kitchen staff employed to manage the food service and on-site café. Food is prepared in accordance with recognised nutritional guidelines for older people. The verified food control plan expires on 27 June 2025. The menu development is outsourced, and a registered dietitian reviewed the menu in October 2024. Kitchen staff have current food handling certificates.</p> <p>Food is transported in hot boxes to the care centre and serviced apartments and in a bain-marie to the memory care unit where food is plated and served to residents.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Upon admission, residents have a nutrition profile developed that identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed monthly. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained and recorded on the electronic record management system. All decanted food use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The chef manager reported that the service prepares food that is culturally specific to different cultures.</p> <p>Residents were observed during lunch time in the care centre and memory care unit; lip plates and special utensils were available to</p>

		promote independence. The residents dining experience and environment were observed to be pleasurable, and dignity of the residents was maintained.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process for managing the discharge and transfer from services. The RNs reported that discharges normally go into similar facilities. The RNs oversee discharges and manage the process until residents leave. Transfers and discharges to other facilities are conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP/NP requires a resident's information, a written request is required to transfer the file.</p> <p>Transfers to hospital include yellow envelope system with EPOA, advance directives, next of kin information, progress notes and medication charts.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all discharges and transfers to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	FA	<p>There is a current building warrant of fitness that expires on 2 September 2025. The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide and promote safe resident mobility. Residents were observed moving freely around the</p>

<p>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>	<p>areas using mobility aids. There is a full-time property manager who with the property team, carries out the 52-week planned maintenance programme. Maintenance requests are documented electronically and acted upon in a timely manner. This is checked and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging (last completed in August 2024), calibrations of the weighing scales and clinical equipment (last completed in January 2025). Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Essential contractors such as plumbers and electricians are available 24-hours a day as required. There are ample storage areas for hoists, wheelchairs and other equipment. The staff interviewed stated that they have all the equipment referred to within care plans to provide care. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The care centre is a three-level facility. The ground floor includes the service areas, a 20-bed memory care unit. There are 43 dual-purpose beds (rest home and hospital level of care) on the first floor. The 56 serviced apartments are across all three floors, which are all certified to provide rest home level care. The ground floor memory care unit is built around a large, secure landscaped courtyard. The courtyard is accessible for the residents from both lounges on each side. External paths lead from the dining area and also from the lounge, with large sliding doors and wheelchair access. The outdoor courtyard is well-designed and landscaped for wandering, including raised planters, seating and umbrellas for shade. Contrasting colours in some areas such as ensuites provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated. There is a secure, enclosed nurse's station.</p> <p>There are large, spacious corridors in the dual-purpose rooms on the first floor. All resident rooms include electric beds and appropriate mattresses for pressure relief. Each bedroom has ceiling tracks for hoists. There are lifts between floors, one large enough for a bed or stretcher if needed. There are also stairwells at either end of the building. There is an open-plan nurse's station near the two dining areas and two lounges and a secure medication/treatment room. There</p>
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		<p>is also a family/whānau room available. The village manager and property manager reported that residents can bring their possessions into the home and can adorn their rooms as desired. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access to all communal areas is available.</p> <p>There is a specific serviced apartment dining room (for rest home residents), residents can also have meals in the dining room of the care centre. Each apartment has a lounge, separate bedroom and ensuite.</p> <p>Communal toilet and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. There is a hairdressing salon on site. Toilets are suitable sizes to accommodate equipment. All rooms have external windows to provide natural light, appropriate ventilation and heating.</p> <p>The village manager reported that should there be planned further 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>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures for fire or other emergencies. Staff interviewed confirmed their awareness of the emergency procedures. The New Zealand Fire Service approved a fire evacuation plan that was in place, dated 21 April 2021. Fire evacuation drills are conducted every six months and added to the annual training programme. A fire evacuation drill was last completed on 6 August 2024. The staff orientation programme includes fire and security training. There are adequate fire exit doors and for the main building the outdoor bowling green is the designated assembly point. An external contractor checks all required fire equipment within the required timeframes. Civil defence supplies are stored in identified cupboards and are checked quarterly. In the event</p>

		<p>of a power outage, gas Hobbs in the kitchen and two BBQs are available. The provider has a large generator on site to provide essential services to the main building. In the event of a civil defence emergency sufficient lighting is available, which are tested every six months. There are five 1,000 and three 900 litre tanks of water (7,700 litres in total) enough to provide residents and staff with three litres per person per day. There is always a first aid-trained staff member on duty 24/7.</p> <p>The call bell 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. Call bell audits were completed as per the audit schedule and corrective actions are completed for any areas for improvement, i.e. another call bell monitor was put in the care centre manager and business managers office to provide efficiency around monitoring call bell responses. Residents and family/whānau interviewed confirmed that staff responds to calls promptly. The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the main entrance, exits and service areas. Family/whānau and residents know how to alert staff when they need access to the facility after hours. A visitors' policy and guidelines are available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. There are three separate entrance areas into the memory care unit. Family/whānau and staff have swipe card (fob) access, and any other visitors have speaker access to staff and then the door will be released for entry into the entrance foyer.</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>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the Summerset strategic and quality plan to ensure an environment that minimises the</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by support office in consultation with the infection control coordinators, and proposed changes are consulted with village managers and care centre managers as appropriate, prior to completion.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, RNs, and staff meetings. The data is also benchmarked with the other Summerset facilities. Further to this, Summerset benchmarks with other aged care organisations and presents the results to their facilities. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional quality manager to head of clinical services. The Board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse from the care centre oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from the National Infection Prevention and Control Group (National IPC group). Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection control programme related to infection control activities at Summerset Richmond Ranges, is linked to the quality programme and was</p>

	<p>reviewed end of 2024. The quality programme goals for 2025 have been developed. Policies are available to staff. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control training at orientation and through ongoing annual online education sessions. Additional staff education is available should there be an outbreak. Education with residents takes place on an individual basis and as a group in residents' meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator liaises with the care centre manager and regional quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The infection control coordinator confirmed that the National IPC group will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews,</p>
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		staff understood these requirements. The service has printed educational resources in te reo Māori.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Summerset Richmond Ranges has an infection control and antimicrobial stewardship programme that aligns with the Summerset strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and infection prevention and control steering group. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The Summerset clinical pharmacist and geriatrician have oversight of AMS data.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings.</p> <p>Records of monthly data sighted confirmed infections are compared with previous months, reason for increase or decrease, and action advised. New infections are discussed at shift handovers to ensure interventions are implemented as soon as practicable. Benchmarking is completed with other facilities.</p> <p>The infection control coordinator confirmed residents are offered</p>

		<p>vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been five outbreaks (Covid-19 outbreaks [October 2023, May, July and November 2024] and one gastroenteritis outbreak [October 2024]) reported since the last audit; however, the management team are aware of the reporting processes should an outbreak occur.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. The infection control coordinator also provide support to maintain a safe environment during construction, renovation and maintenance activities should this occur. Policies regarding chemical safety, hazardous substances and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept secure, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff. There is a sluice room in each area, with a sanitiser, stainless-steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal protective equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits to ensure policy compliance. All clothing and linen are laundered on site. The</p>

		<p>laundry is operational seven days, with dedicated laundry staff Monday to Sunday. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy and procedure are comprehensive and confirm that restraint use is a last resort and must be done in partnership with the resident or their activated EPOA. The choice of device must be the least restrictive possible. The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, governance reporting, and benchmarking. The policy describes restraint as a clinical indicator in the bimonthly report, which is sent to the operations and clinical steering committee. The facility is restraint free.</p> <p>At all times when restraint is considered, the facility will work in partnership with Māori to promote and ensure services are mana-enhancing. The designated restraint coordinator is a registered nurse. There is a job description for the role and terms of reference for the restraint coordinator. Restraint meetings are conducted monthly.</p> <p>The restraint committee is responsible for approving the use of restraints and the restraint processes. Restraint is only used as a last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Care staff complete a restraint competency annually.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	CI	<p>A review was undertaken for Summerset group by an external company on the way the care centres operate. From the information gathered there was pilot of a new model of care at another Summerset facility, which saw a new organisational remote nursing service called Nursing Clinical Support (NCS) team being established. The goal of NCS is to improve care quality through virtual surveillance and support; offering advice to the 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.</p> <p>Summerset Richmond Ranges 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 (including agency</p>	<p>The NCS service has proven to offer support to Summerset Richmond Ranges registered nurses on decision making for acutely unwell residents with appropriate clinical escalation pathways and has minimised hospital transfers that cause resident distress and impact on the quality of life. It has also empowered RNs with clinical decision making, impacting on other clinical indicators.</p> <p>There were 16 unplanned hospital admissions for investigation from Summerset Richmond Ranges prior to the commencement of the pilot (January to June 2024). The goal was to reduce this by 20%. There have been 342 calls to the NCS team made from Summerset Richmond Ranges. Since the NCS service was introduced, hospital transfers have been reduced by 50% between 1 July and 31 December 2024, with only eight hospital transfers. The plan is to reduce the rate of transfers by a further 10% in the</p>

		<p>RNs) with assessment of unwell residents. The review of the clinical indicators related to quality data and the Summerset indicators to measure the quality care documentation were used to measure the success of the support provided by the NCS.</p>	<p>next six-month period.</p> <p>Where agency nurses are involved, the NCS team dial in for virtual handover and have at least two standard contact sessions overnight. The NCS provides a daily report of their involvement to the CCM.</p> <p>The NCS team have provided proactive consults following changed behaviour events and made recommendations to the Summerset Richmond Ranges team and have supported the facility falls prevention project. Reduction in falls were measured as 10.5 falls per 1000 bed days (prior to NCS) reduced to 8.56 at the end of December 2024.</p> <p>The mentoring and support from the NCS team for Summerset Richmond Range RNs has improved identification of early warning signs of deterioration, and the RNs have used this knowledge to look for opportunities for deprescribing to reduce the likelihood of inappropriate polypharmacy.</p> <p>The clinical matrix information provided was reviewed and evidenced improvement in Summerset key performance indicators related to the quality of clinical documentation. The overall satisfaction related to staffing and care provided by Summerset Richmond Ranges were positive, as evidenced through the interviews with residents and family/whānau. The RNs interviewed reported the initiative had improved their critical thinking and reflective processes. The RNs felt confident using the service, and comfortable asking the team for advice. The RNs felt the NCS team were supportive.</p>
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End of the report.