

Summerset Care Limited - Summerset at the Course

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset at the Course

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 14 March 2025 End date: 14 March 2025

Proposed changes to current services (if any): Summerset at the Course is an existing care centre which has undergone substantial refurbishment. This partial provisional audit is to verify 37 beds. All 37 beds are licence to occupy. The service is applying to be certified to provide rest home, hospital (medical and geriatric). The village is planning to open 7 April 2025 and residents Summerset Kelvin House are planned to transfer to the service.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

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

General overview of the audit

The service is applying to be certified to provide rest home, hospital (medical and geriatric) level care. The service is planning to re-open is planning to re- open on 7 April 2025.

This partial provisional audit was undertaken to assess the refurbished care centre. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management.

The village manager has been in the role for over five years. They are supported by a care centre manager (registered nurse), a clinical nurse leader, registered nurses, experienced caregivers, and administration/support staff. Summerset head office support the facility. The regional quality manager provided support for the duration of the audit.

The audit identified the design and upgrades to the existing care centre, staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the village.

Improvements are related to installing the medication fridge, obtaining an updated food control plan, obtaining a CPU certificate, and completing a fire drill prior to occupancy.

Ō tātou motika | Our rights

Not audited

Hunga mahi me te hanganga | Workforce and structure

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan FY2025 informs the site-specific operational objectives which are reviewed on a regular basis.

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. The roster for the care centre is staffed for a fully occupied service from day one. Additional staff are rostered during the transition of residents from Kelvin House.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are medication management policies in place. The service will continue to implement the electronic medication system with blister packs being delivered weekly. There is a secure medication room situated in the care centre. Medication will continue to be administered by medication competent staff.

There are a number of food service policies and procedures. The team of kitchen staff lead by the kitchen manager will move from the temporary kitchen on site to the newly refurbished kitchen.

Residents' food preferences and dietary requirements are identified at admission and all meals will continue to be cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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

The refurbished care centre has 34 rooms and 37 available beds (three rooms are double rooms). There has been no substantial change to the building footprint.

All resident rooms are of an appropriate size to allow rest home, or hospital level of care. There is sufficient space for the safe use and manoeuvring of mobility aids including a hoist if required. There are courtyards and gardens which have been landscaped, shade and seating is available in the gardens and courtyards.

The service has implemented a preventative maintenance schedule which will be continued in the refurbished care centre.

Summerset at the Course has purchased new equipment where needed such as (but not limited to) new hospital beds, ceiling hoists, seating, televisions, bedroom, lounge and dining furniture.

The service has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the service for storage of mobility equipment.

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

The infection prevention control programme is implemented and meets the needs of Summerset at the Course and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Not Audited.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	8	0	4	0	0	0
Criteria	0	81	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset at the Course is certified to provide rest home and hospital (medical and geriatric) levels of care. This partial provisional audit is to verify 34 beds in the existing care home that have been significantly refurbished. All 34 bed are licence to occupy (LTO) are suitable for dual purpose (rest home and hospital level of care). There are three double rooms.</p> <p>All the residents from the care centre have been relocated to another facility (Summerset Kelvin House). On the day of the audit there were nine rest home level care residents in the serviced apartments. The serviced apartments are certified to provide rest home level of care for up to 20 residents. All residents are under the aged-related residential care (ARRC) contract. The refurbished care centre had no residents.</p> <p>The service has a documented transition plan (2025). The building plan includes a graduated transition plan for moving Summerset residents from Summerset Kelvin House back to Summerset at the Course. The transition plan includes the mode of transport required for each individual resident, support needed for the transport (eg, staff assist or family) and time of move. There is an immediate staffing plan for the moving day to ensure staff are available at Summerset at the Course and staff available at Kelvin House until all residents have been transported. Family/ whanau are</p>

	<p>documented as well informed. A risk management plan includes anticipation of the risk of confusion for some residents during and after the move, additional staff have been made available.</p> <p>Open days have been set up for family/whānau, and staff the week prior to the move at Summerset at the Course. Twenty-four residents will move to Summerset at the Course on 7 April 2025. All residents and/or their family/whānau have consented to the move back to Summerset at the Course, alternatives were offered if residents or family/whānau did not wish to return.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the national clinical review group that is run monthly and chaired by the general manager of clinical services. Members of the committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. Summerset at the Course has a site-specific business plan that includes the refurbishment. The village manager completes three-monthly progress reports toward these goals (sighted).</p>
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		<p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager has been in the role for five years and is supported by a care centre manager who has been in the role at Summerset at the Course for four years. The management team are supported by a clinical nurse lead, regional quality manager (present at the time of the audit) and group operations manager. The village manager reports monthly to the regional operations manager. The care centre manager completes a monthly clinical indicator analysis report for the regional quality manager, who discuss the analysis with the national clinical review group.</p> <p>The village manager and care centre manager have completed the required training hours related to the management of a care facility and including leadership training with topics on conflict management, change management, complaints management and code of ethics.</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</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 care centre manager interviewed confirmed staff needs and shortages are reported to the national senior team.</p> <p>All staff but two staff are existing employees of Summerset at the Course and will move back with the residents.</p>

<p>improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Staffing for the new refurbished with and existing serviced apartments will be for 33 residents (nine existing resident in the serviced apartments and 24 transported- a mixture of hospital and rest home level residents): AM six caregivers, PM six caregivers, night, three caregivers There will be a registered nurse on every shift. The exiting management and ancillary staff will remain the same: The village manager and clinical nurse lead and care centre manager all work full time and provide on call between them.</p> <p>The village manager is on call 24/7 for any operational related issues and. 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 manager as required.</p> <p>There is an existing annual education and training schedule being implemented for 2025 and this will continue. 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.</p> <p>There is a specific, new orientation for all staff the week prior to moving to the newly refurbished summerset at the Course. This training includes re-orientation to building and grounds emergency plans and equipment, security systems, the generator, on call system, computer/ information technology, keys and master keys, fire evacuation training and practice, chemical safety refresh kitchen services, and ceiling hoists.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 24 caregivers employed in total between Kelvin House and Summerset at the Course. Eleven caregivers have achieved level 4 and three have completed level 3 NZQA qualification and five level two. There is a national learning and development team that support staff with online training resources.</p> <p>All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies that included subcutaneous fluids, syringe driver and interRAI assessment competency. Three of six registered nurses (including the care centre manager and clinical nurse lead) are interRAI</p>
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		<p>trained. All registered nurses 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. 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. 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>Existing Summerset at the Course staff will staff the newly refurbished Summerset at the Course. There are human resources policies in place, including recruitment, selection, orientation and staff training and development.</p> <p>Summerset at the Course is supported by a people and culture team for recruitment processes. Five staff files reviewed 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.</p> <p>Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. The service 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 are processes in place</p>

		for debrief meeting to be held following significant events.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>Medication management policies are available for safe medicine management that meet legislative requirements. The existing policies and procedures will continue and is well established. All staff who administer medications are assessed for competency on an annual basis (RNs and level four caregivers). Summerset at the Course uses robotic rolls for regular use and 'as required' medications. The service uses an electronic medication system; a process is in place to ensure allergies and sensitivities are documented. All over the counter medications are prescribed. Established policies and procedures are implemented in the service apartments to ensure resident, family/ whānau are informed and supported with medications. Standing orders are not used. Policies are in place should residents wish to administer their medications.</p> <p>The refurbished care centre has a large medication room. The room is secure with a keypad lock. There are benches, cupboards and a hand basin in the room and the room has heating/ cooling heat pump. The fridge is yet to be installed and the controlled drug safe has yet to be installed. The service has three medication trolleys.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	PA Low	<p>The main kitchen has undergone a significant refurbishment, and an updated food control plan verification is booked for six weeks after the date of moving for the newly refurbished kitchen. The service has a food control plan was evidenced expiring on 30 November 2025 for the current kitchen temporary kitchen. The nutritional value of the menu has been approved by a dietitian. Residents will continue to be provided with the menu in advance which gives them time to update the kitchen team if they need to request an alternative. Residents will continue to have access to nutritious snacks. Alternative meals are offered for those residents with dislikes or religious and cultural preferences.</p> <p>The chef manager is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling training, safe storage and food preparation, manual handling and hand hygiene training. There is a food services manual available. There is an implemented process to</p>

		<p>ensure that the chef manager receives resident dietary information from the clinical team and is notified of any changes to dietary requirements (vegetarian, dairy free, or residents with weight loss). The transition plan includes all resident having their dietary profile reviewed and updated as needed. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Tikanga guidelines are available to staff. The refurbished dining room is large and airy and is linked to the main kitchen. There are new dining tables and chairs in place, and plenty of room for mobility aid as needed. Residents will be able to have meals in their room should they wish, and food will be transported in hot boxes.</p> <p>The newly refurbished kitchen has new ovens, and hobs, deep fat fryer, air conditioning and air evacuation system. There is a walk-in fridge and a walk-in freezer. Floors and benchtops have all been refurbished. The service has equipment such as (but not limited to); plates, cups, cutlery, pots and pans and other kitchen equipment as these were stored during the refurbishment.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>There is a full-time property manager who carries out the annual preventative maintenance programme and this process will continue. Maintenance requests are documented electronically in Tech One and are acted upon in a timely manner. This is checked and signed off when repairs have been completed. Essential contractors such as plumbers and electricians are available 24-hours a day as required. Summerset at the Course has purchased new equipment where needed such as (but not limited to) new hospital beds, ceiling hoists, seating, televisions, bedroom, lounge and dining furniture.</p> <p>The refurbished care centre has 34 rooms (three rooms are double rooms). There has been no substantial change to the building footprint.</p> <p>All rooms have an external window and 14 have an external door to the internal courtyard. All rooms are large with a small kitchenette and a large ensuite. Each room has a ceiling hoist, a television and heated towel rails. Each of the rooms were fully furnished and resident are welcome to add their own furniture as required. All rooms and communal areas have a call bell, and residents are able to have a personal call bell as required.</p> <p>There are three wings: Zone one has nine resident rooms, a lounge and a</p>

		<p>sluice. Zone four has eleven rooms and a sluice, and zone six has ten rooms and a sluice. Zone five/seven are joined as a loop and have four rooms. This loop of rooms has two lounges and two communal toilets.</p> <p>The main area (zone two) includes a large lounge, a large dining area a hair salon, the main nurse's station, reception laundry and kitchen. All floors are carpeted in resident areas and have sealed floors in the kitchen, laundry, toilets and bathrooms. Zone three is upstairs and includes staff only and areas offices.</p> <p>There are sufficient storage areas for hoists, wheelchairs and any other equipment. The environmental temperature is managed with heat pumps both in the bedrooms and in all communal areas and processes are implemented to manage significant temperature changes. The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide and promote safe resident mobility. There are courtyards and gardens which have been landscaped, shade and seating in available in the gardens and courtyards. Two communal toilets are located close to the main lounge.</p> <p>Documented iwi consultation has occurred with Māori and pacific island groups to ensure the environment is suitable for all cultures and a blessing is planned prior to opening.</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>PA Low</p>	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. The New Zealand Fire Service approved a fire evacuation plan that is in place for the three serviced apartment wings, North wing dated 18 September 2023, South wing dated 28 August 2023 and West wing dated 18 June 2018. Fire evacuation drills are conducted every six months and was last completed on 28 November 2024. There is a member of staff with a current first aid certificate on all shifts.</p> <p>The newly refurbished wing has a fire evacuation approved 14 March 2025 and is waiting for the certificate of public use.</p> <p>Civil defence supplies are stored and were last checked in February 2025 in the serviced apartments. In the event of a power outage, two BBQs and two portable gas stoves are available. The provider has a large generator</p>

		<p>on site to provide essential services to the main building. In the event of a civil defence emergency sufficient lighting is available.</p> <p>There are water tanks located throughout the village (55,000 litres in total). There are two 2,000 litre water tanks available in the serviced apartments, enough to provide residents and staff with twenty litres per person for seven days. 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 staff member.</p> <p>Staff complete regular security and safety checks overnight with a checklist being completed and this will continue in the refurbished facility Summerset at the Course is a gated facility. The gates are locked between dusk and dawn with fob security access for residents and staff. Family/whānau and residents know how to alert staff when they need access to the facility after hours. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Summerset at the Course quality programme. This is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health, Health New Zealand and expertise within the clinical governance team. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the nurse practitioner, the Public Health team and the infection control team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator confirmed any outbreaks are reported immediately. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control system is well established at Summerset at the Course and will continue when the facility reopens. The infection control programme has been approved by the executive management team, and Board. The infection control programme is reviewed within the three-monthly regional meetings for all Summerset infection control coordinators and is discussed at infection control meetings. These meetings include review of policies and procedures to ensure compliance with standards and regulations is maintained. Policies are available to staff.</p> <p>Infection control data is included in the clinical reports which are discussed at Board level. The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>The infection prevention and control coordinator job description (sighted), outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed online training pertaining to infection control. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand, Bug Control, the nurse practitioner and public health team.</p> <p>The infection prevention and control coordinator has had input in the procurement of good quality consumables and personal protective equipment (PPE). The clinical governance team at head office has had input on the re-furnishment to ensure infection control can be safely managed. Sufficient infection control resources, including personal protective equipment (PPE), are in place in the service apartments. There are rooms for the storage of infection prevention and control resources to support the pandemic plan if required.</p> <p>The service has infection prevention and control information available in te reo Māori. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p>
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		<p>Infection prevention and control is part of facility meetings. The management team described a clear process of involvement with development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the mandatory training schedule. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education will continue occur as part of the daily cares.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <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 stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Responsible use of antimicrobials is promoted. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Quantity of antibiotic usage is monitored monthly. The nurse practitioner and clinical nurse leader provide oversight on antimicrobial use within the facility. The AMS programme is reviewed annually.</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</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical nurse leader and is included in the monthly report to the Board.</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Infection prevention and control surveillance is discussed at facility meetings, and this will continue.</p> <p>Internal infection control audits are completed with corrective actions for areas of improvement identified and this will continue. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand for any community concerns.</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>Policies are in place regarding chemical safety, hazardous waste and other waste disposal. There is a process in place for ensure that chemicals are labelled with manufacturer’s labels and will be stored in designated in locked areas in the new wing. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>There are three sluices in the refurbished wing each has a sanitiser a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Housekeeping duties are provided across seven days a week. The cleaning trolleys are stored securely when not in use.</p> <p>There is a laundry on site with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents’ rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator will continue to monitor the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	The refurbished care centre has a large medication room. The room is secure with a keypad lock. There are benches, cupboards and a hand basin in the room and the room has heating/ cooling heat pump. The service has three medication trolleys; however, the medication fridge and controlled drug safer are yet to be installed.	Ensure the fridge and controlled medication safe are installed.	<p>Ensure the fridge and controlled medication safe are installed.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	The main kitchen has undergone a significant refurbishment, and an updated food control plan verification is booked for six weeks after the date of moving. The service has a food control plan was evidenced expiring on 30 November 2025 for the current kitchen temporary kitchen.	An updated food control plan verification has not yet been completed.	<p>Ensure the food control plan is verified for the new kitchen.</p> <p>60 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>The refurbished care centre has 34 rooms and 37 available beds (three rooms are double rooms). There has been no substantial change to the building footprint. A certificate of Public Use is yet to be obtained.</p>	<p>The care centre has yet to obtain a Certificate of Public Use.</p>	<p>Ensure a Certificate of Public Use is in place.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>There is a fire and emergency planning policy. A fire drill is scheduled for all staff at the induction days.</p>	<p>A fire drill is scheduled for all staff at the induction days</p>	<p>Ensure a fire drill has been completed.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.