

Summerset Care Limited - Summerset by the Park

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset by the Park
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 February 2025 End date: 14 February 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	59

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Summerset by the Park provides rest home and hospital (medical and geriatric) level care for up to 53 beds in the care centre and up to 55 rest home beds in the serviced apartments. On the day of the audit, there were 59 residents, including eight in the serviced apartments.

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

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

The certification audit identified shortfalls related to implementation of the quality systems, care planning, and the Building Warrant of Fitness.

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 are fully attained.

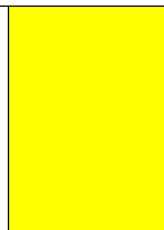
Summerset by the Park provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

Hunga mahi me te hanganga | Workforce and structure

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



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

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager, care centre manager and clinical nurse leads oversee the day-to-day operations of the service.

The business plan informs the site-specific operational objectives, which are reviewed on a regular basis. Summerset by the Park has a documented quality and risk management system. The quality and risk performance dashboard can be seen by the management team using PowerBI. There are meetings scheduled to discuss quality data and any issues that arise.

There are human resources policies, with policies related to recruitment and selection well implemented. 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 both for caregivers and registered nurses are documented and completed annually. Health and safety systems are in place, and these include regular review of hazards and management of staff wellbeing.

The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/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.		Some subsections applicable to this service are partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The care centre manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals, with the resident and family/ whānau input. Care plans reviewed demonstrated detailed interventions and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner, general practitioner and visiting allied health professionals.

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

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

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

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

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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The building has a Report and Declaration (B-RaD) certificate in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms have full ensembles with adequate provision of additional communal resident, visitors and staff toilets throughout the facility. Resident rooms are personalised.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. There is documented governance commitment to maintain a restraint-free environment. Restraint free strategies are overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	3	0	0	0
Criteria	0	165	0	3	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>Summerset by the Park’s Māori health plan and policy are in place. The policy and plan acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The village manager (VM) and care centre manager (CCM) interviewed confirmed a recognition of the importance of Māori values and beliefs in providing person-centred care. They and the care staff also confirmed that Māori resident’s cultural needs were identified during the initial assessment and care planning process, with the staff asking about their preference and the role of whānau in their care. The service encourages open dialogue about cultural practices such as tikanga (customs), karakia (prayers), and rongoā (traditional healing), and works to ensure family/whānau are involved in all decision-making processes. Cultural training at orientation and as part of ongoing education is provided to all staff. The service also promotes an environment of cultural safety by incorporating Māori symbols and artworks into the facility and ensuring that staff members understand the importance of respect for Māori spirituality and customs.</p> <p>Summerset by the Park collaborates with Māori community services to ensure that Māori residents can access the service when they need. Links with the Māori community group, Mahitahi Trust, the Health NZ interpreting service, Ruapotaka Marae, Manukorihi</p>

		<p>Hapu, Te Kaahui Ora Māori health service and Te Takiwa o Manukau (church service) are maintained. The VM and/or CCM contact Māori community and health service groups six-monthly to ensure those service are available for Māori residents when needed.</p> <p>The CCM and VM stated that they support increasing Māori capacity within the workforce and will continue to employ Māori applicants when they do apply for employment opportunities at Summerset. At the time of the audit there were staff who identified as Māori. Summerset by the Park evidenced commitment to a culturally diverse workforce, as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumātua from the local iwi, and Health New Zealand (NZ) Māori Health unit.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Māori residents were interviewed and stated that they were extremely satisfied with the service provided.</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 and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure (which is the Pacific health plan). The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing family/whānau and provide high quality healthcare. The Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their family/whānau. Summerset by the Park maintains close connections with Pacific community services, churches and other health services (eg, the Presbyterian church (Papatoetoe Samoan church), Samoan family practice, Health NZ interpreting services, and Vaka Tautua).</p> <p>Summerset by the Park works with Pacific staff who understand the</p>

		<p>nuances of Pacific culture and can act as cultural liaison to ensure communication and care are respectful and effective. All staff undergo cultural safety training, which includes specific modules on Pacific cultural values, language, and traditions. This training emphasises understanding the importance of involvement of family/whānau in care decisions, the significance of traditional practices such as fa'alavelave (family celebrations and obligations), and how to provide respectful care that aligns with Pacific health beliefs.</p> <p>On admission all residents state their ethnicity. There are residents who identify as Pasifika. Registered nurses interviewed explain family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The CCM stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. The service continues to actively recruit new staff. There are currently staff that identify as Pasifika. The village manager (VM) described how Summerset by the Park increases the capacity and capability of the Pacific workforce through promoting a diverse workforce.</p> <p>Interviews were held during the audit with eighteen staff (four caregivers, five registered nurses [RNs], two clinical nurse leads, one diversional therapist [DT], one cleaner, one property manager and one property assistant, one laundry staff, one cleaner, one chef manager), and three managers (village manager [VM], care centre manager [CCM] and the regional quality manager [RQM]).</p> <p>Interviews were also held with fourteen residents (seven hospital and seven rest home), and three family/whānau (hospital level of care). Interviews 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-</p>	<p>FA</p>	<p>Details relating to the Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse leads supported by the CCM and RNs discuss aspects of the Code with</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English, te reo Māori and sign language. Discussions relating to the Code are held during the monthly resident and family/whānau meetings and provide opportunities for discussion and clarification about rights. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and links to the resident advocacy are available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>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 over and choice over activities they participate in. The Summerset by the Park 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 collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. The satisfaction survey results for Summerset by the Park are completed six-monthly, with each survey having some general questions and an area of focus. The survey held in March 2024 had a focus on food services, with a property focus in the survey in</p>

		<p>September 2024. The March survey and September survey evidence high level of satisfaction related to the surveyed areas. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>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. The care plans had documented interventions for staff to follow to support and respect their time together. There were married couples at the time of the audit. One of the married couples occupied one of the shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. There are links to spiritual support documented in the policy. Communion services and church services are held weekly.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The CCM and VM have completed training in te reo Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The diversional therapist (DT) confirmed that the service would actively support Māori by identifying their needs and aspirations, which would also include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
Subsection 1.5: I am protected from abuse	FA	An abuse, neglect and prevention policy is being implemented.

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Summerset by the Park policies provide guidance in the prevention of 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.</p> <p>Staff complete education on orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Manager and care staff interviews confirmed 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. Te Tiriti: Services are easy to access and navigate and give clear 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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings and quarterly advocacy meetings with a resident advocate identifies feedback from residents and subsequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next</p>

<p>their choices.</p>		<p>of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The CCM and clinical nurse leads described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding outbreaks through emails, regular newsletters, and resident 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>FA</p>	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in</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>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, and all associated documentation was evident in resident files where appropriate.</p> <p>The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making, when the person receiving 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 village manager and CCM maintain a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. There have been eight complaints since the last audit (August 2023). All complaints were closed and documented the satisfaction (or not) of the complainant. Where indicated, complaints (and any subsequent corrective actions) are discussed in the quality improvement and staff meetings. There has been one complaint lodged with the Health and Disability Commissioner (HDC) [noting that the complainant has `carbon copy` the VM into the correspondence]. The service is waiting to hear from HDC around the next steps to address the complaint.</p> <p>Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori and English.</p> <p>Interviews with the village manager, CCM and the RQM, and</p>

		<p>documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by HDC. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and CCM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset by the Park is in Auckland. The care centre is on level three with serviced apartments on other levels. The service has 53 beds in the care centre (rest home or hospital [dual purpose] beds), including three double rooms suitable for couples. At the time of the audit two were singly occupied, with one being used by a couple. There were 55 rest home beds in the serviced apartments.</p> <p>On the days of audit there were 59 residents, including 21 at rest home level (including eight in the serviced apartments), and 38 at hospital level. All residents are under the aged-related residential care (ARRC) contract, apart from one resident who is under an Accident Compensation Corporation (ACC) contract.</p> <p>The National Clinical Review Group (governing body) ensures policies and training is in place to guide staff to understand the application of health models for Māori and Pacific people. The governing body also ensures staff have the resources to deliver the care as per the resident's person-centred care plan, and supporting staff with the skills required to collaborate effectively with family/whānau to ensure the needs of the individual residents are met. Focus groups and research initiatives are completed to seek the views of future Summerset customers and to seek more in-depth feedback from residents and their family/whānau. Information from these activities is used to inform service improvement and developments as appropriate.</p> <p>The National Clinical Review meeting provides clinical governance</p>

		<p>over the care and clinical systems for Summerset Operations. The meeting is held monthly and is chaired by Summerset's General Manager (GM) of Clinical Services. Members include Head of Clinical Delivery, Head of Clinical Improvement, Regional Quality Managers, Care Capability Specialist, National Dementia Specialist, National Clinical Pharmacist, and National Therapeutic Recreational Lead. There is also Māori representation on the group. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. All group members have completed Treaty of Waitangi Training. There is a term of reference for the group. The GM of Clinical Services (chair of the group) reports to the Chief Operating Officer. The GM of Clinical Services works with the Chief Operating Officer and Summerset's 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. Summerset leads and supports the external benchmarking group, where several providers collaborate to share clinical data and work on improvements to care and services for older people.</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, to ensure positive wellbeing outcomes for Māori and Tāngata whaikaha. Māori consultation ensures policies and procedure represents Te Tiriti partnership.</p> <p>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. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the service. Summerset by the Park has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager completes three-monthly progress reports toward these goals (sighted). There are regional quality managers who support the on-</p>
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		<p>site clinical team with education, trend review, clinical risk support and management.</p> <p>The village manager (RN) has been in the role for three years, with a further three years' experience as the CCM. They are supported by a CCM who is a registered nurse and who has been in the role for three years, with five years' experience in aged care. The CCM and VM are supported by two clinical nurse leads (registered nurses) and a stable team of staff. The management team reports a stable turnover of staff since the last audit. The CCM and VM have attended training (including orientation modules) in excess of eight hours over the past year appropriate to their role. They have a background in healthcare, nursing, aged care, and quality and risk management.</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>PA Low</p>	<p>Summerset by the Park is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings provide an avenue for discussions in relation to quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meeting minutes did not show evidence of resolution of issues when these were raised. Internal audits were documented as taking place as per schedule, with corrective actions resolved. Quality improvement projects are documented and in progress (eg, for reduction of urinary tract infections, reduction in falls and restraint use). Quality data and trends are provided to staff to review.</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 or procedural changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care</p>

	<p>and services. Policies are regularly reviewed, and staff are informed of any changes.</p> <p>The resident and family/whānau satisfaction surveys has been completed for Summerset by the Park. Themes are identified, with corrective actions documented to improve service delivery. The service benchmarks against other Summerset facilities. Opportunities for improvement are being identified and implemented.</p> <p>A health and safety system is in place. There is a health and safety committee, with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed for January 2025 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given as per the Severity Assessment Code (SAC) criteria, and immediate action is documented with any follow-up action(s) if required, as evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. A notification and escalation matrix is available to staff. The system escalates all alerts to the CCM and VM, with alerts to senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. 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</p>
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		<p>training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the CCM and VM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one medication related Section 31 notification completed to notify HealthCERT since the previous audit.</p> <p>There have been four outbreaks reported since the last audit. Outbreaks were well managed and 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 CCM and VM interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>Agency staff are available but seldom used. Any absences and sick leave are covered through extending working hours through mutual agreement with employees or use of the casual pool of staff. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required.</p> <p>The managers all work full time Monday to Friday. There are appropriate on-call arrangements for clinical advice after hours. There is a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There are</p>

	<p>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 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. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset by the Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 41 caregivers employed, those who have achieved NZQA qualification include one with level seven, 29 with level four, seven with level three, two with level two, and the other two are on level zero. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Ten of the twelve registered nurses are interRAI trained, as well as the CCM and clinical nurse leads. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including outbreak preparedness; and identifying and assessing the unwell resident.</p>
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<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. Eight staff files (one CCM, one clinical nurse lead, three RNs, two caregivers and the DT) reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy in place, and staff who have been with the service for a year have had a performance appraisal as per policy.</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 and annually. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. Newly appointed staff interviewed confirmed that the orientation programme was helpful and informative. The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p>

		<p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>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>	FA	<p>There is a resident records policy. 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.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family//whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>criteria is based on the assessed need of the resident and the contracts under which the service operates. The care centre manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The service verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>
<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>PA Low</p>	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: four at hospital level including one resident on an ACC contract, and four at rest home level of care. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) dietary needs; oral health; pressure injury; falls risk; social history; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments, which were noted to be detailed to provide guidance to staff in the</p>

	<p>delivery of care, and the interRAI assessment. All interRAI assessments have been completed within three weeks of admission and reviewed at least six-monthly, including for the resident on a long-term ACC contract. The assessments inform the care plans which include details to manage all medical, social and cultural needs.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. The care plan aligns with the service's model of care. Documented interventions and early warning signs meet the residents' assessed needs and were detailed enough to direct care delivery. There are policies and procedures for use of short-term care plans, which are utilised for issues such as infections, weight loss, bruises and wounds. Short-term care plans are signed off when resolved or moved to the long-term care plan.</p> <p>Interview with the clinical nurse lead and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident records. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioners and nurse practitioners within the required timeframe following admission. Residents have had reviews by the general practitioner or nurse practitioner within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly general practitioner or nurse practitioner visits when the resident's condition is considered stable. The contracted medical practice has a team of two general practitioners and a nurse practitioner who visit the facility at least three times a week. The medical practitioners provide after hours on-call support. The general practitioners and nurse practitioner have access to the resident management system and the medication system. Documentation and records reviewed were</p>
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	<p>current. The general practitioner interviewed stated that there was good communication with the service, that the registered nurses demonstrated good assessment skills and as medical practitioners, they were informed of concerns in a timely manner. A physiotherapist visits the facility weekly and reviews residents referred by the registered nurses. A speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Review of the resident records demonstrates that care plans were not always updated with management plans from the specialists.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner and nurse practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were consistently taken as per policy. There were 21 active wounds from 13 residents. The wounds reviewed included one stage I pressure injury, lesions, ulcer, skin tears and abrasions. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the general practitioner or nurse practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain</p>
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		<p>assessment as required, with appropriate interventions documented in the care plan to meet the changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring forms are completed as clinically indicated; however, fluid monitoring charts were not always completed. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse.</p> <p>Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Caregiver interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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</p>	<p>FA</p>	<p>There is one diversional therapist who works full time Monday to Friday. They are supported by three kaitiaki, whose roster ensure a seven-day cover to support the residents with their needs. The diversional therapist has a current first aid certificate. The programme is supported by caregivers, community groups, and pastoral care volunteers.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>a newsletter and activities programme printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te ao Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, Waitangi and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as manicures, hand massage and newspaper reading are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; and happy hour. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>There are resident meetings which are facilitated by the care centre manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback. Family/whānau and advocate meetings have occurred as scheduled. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Two registered nurses were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Summerset by the Park uses robotic roles for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the nurse practitioner or general practitioner and charted on the electronic medication chart. Controlled drugs are stored appropriately, with weekly stock checks occurring as scheduled. The six-monthly controlled drug physical check and reconciliation have been completed as scheduled.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the nurse practitioner and general practitioner review all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one resident self-administering medication on the days of audit. Evidence was provided of adherence to the organisation policy and procedure for safe management, including nurse practitioner and general practitioner review and sign off as competent to self-administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the</p>
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		<p>medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses, clinical nurse leads, and care centre manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 27 June 2025. Dry ingredients were decanted into containers for ease of access, with all dry goods evidencing a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian (June 2024). The chef manager is supported by four full-time cooks, and four kitchen assistants each day. All kitchen staff have completed safe food handling, and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager has access to the nutrition aspects of the electronic resident information. Resident's profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals, plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related</p>

		<p>to food service are available to staff.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. Review of the records confirmed that these are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the dining room in temperature-controlled scan boxes, dished out by the cooks and served to the residents by care staff. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were satisfied with the food service, the variety and choice of meals provided. They can offer feedback direct to the chef on the day, at the resident meetings and through resident surveys.</p> <p>In case of civil defence emergency, there is adequate food supply available for each resident for minimum of three days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau, nurse practitioner and the general practitioner. An escort is provided for transfers when required (as observed on the day of the audit). Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to</p>

		<p>ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the nurse practitioner, general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The facility is inclusive of people's culture and supports cultural practices. The building does not hold a current warrant of fitness. There is a B-RAD in place which was issued 25 June 2024. The full-time property manager and property assistant (interviewed) address day to day repairs and complete planned maintenance. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in January 2025). Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors and tradespeople are available 24 hours a day.</p> <p>The facility is spread over three floors, with the care centre occupying level three. There is lift and stairway access between floors. There are serviced apartments situated on all the three floors. All resident bedrooms (except one) in the care centre have a full ensuite. The one room without an ensuite has a bathroom across the corridor and this is reserved for that resident. There are communal toilets closely located to communal areas, and all have privacy locks. Additional toilets are provided for visitors and staff throughout the facility. There are three double rooms specifically reserved for couples. At the time of the audit, two were singly occupied, with one being used by a couple. Wide corridors and</p>

		<p>handrails in toilets and ensuite facilities ensure for safe mobility. The rooms are spacious to safely manoeuvre transfer and mobility equipment. All rooms have a window and good ventilation. Flooring throughout the facility is appropriate and easy to clean.</p> <p>The care centre has a large open-plan lounge area, with a dining area and kitchenette. On one side is a spacious lounge, and the other side is the dining area. There is a conservatory off the lounge, and this is where the inside garden is situated. One end is currently being used as another dining area for residents. The open plan lounge is large enough for individual or group activities. All serviced apartments also have their own spacious lounge and kitchenette. The ground floor (level 1) includes a library, café, and hair salon. Residents have safe access to all communal areas and the outdoors.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. The facility is heated and cooled via central heating system. There are heat pumps / aircon systems in communal areas. All residents interviewed stated they were happy with the temperature of the facility and in the rooms. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p> <p>Outdoor areas have seating and shade. The gardens have been maintained to a high standard. The village manager reported that should there be planned development for the building, they are aware that Summerset policy states that consultation would occur with Māori and iwi if significant changes are considered for the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency</p>	<p>FA</p>	<p>Emergency and disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a</p>

<p>and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff and visitors are informed of the correct action to take during commencement of employment or as part of the admission process. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 13 August 2021. Fire evacuation drills are held six-monthly and was last completed on 10 December 2024. Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, there is a back- up generator on site, a gas hob and gas barbeques available.</p> <p>In the event of a civil defence emergency, sufficient lighting is provided, call bells are fully operational, and all information technology maintains functionality. There are sufficient water supplies in the 3000-litre tank, plus supplies of bottled water, sufficient to provide residents and staff with three litres per person per day, for at least three days. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms, which are linked to a monitoring system to alert care staff. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance. The main gates and front doors close automatically at set times. A sign in process at entry to the facility identify staff and visitors.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the infection prevention and control (IPC) coordinator (registered nurse). Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any</p>

<p>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>significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team.</p> <p>Expertise and advice is sought from the general practitioner, Health New Zealand infection control team and experts from the local public health unit, as and when required. The infection prevention and control (IPC) coordinator attends the registered nurse and quality improvement meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset by the Park business plan, to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>There is a documented pathway for reporting infection control and AMS issues to National Clinical Review Group. Infection rates are discussed bimonthly at the National Clinical Review Meeting.</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>The infection prevention and control (IPC) coordinator who is a registered nurse, leads, oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the national clinical review group and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in</p>

		<p>place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Scabies and Covid-19 outbreaks. Education with residents was on an individual basis and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the care centre manager and regional quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Health New Zealand. The CCM stated that the IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed to also monitor cleaning processes, disinfection and appropriate use of single use items. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand hygiene technique and use of disposable aprons and gloves. Flowing soap for hand washing and hand sanitiser were available at point of care. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed, and this acknowledged the spirit of Te Tiriti o Waitangi. The CCM reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</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>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the national clinical review group. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP/NP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the National Infection prevention and Control Group (which includes the IPC coordinator from each care centre), with a particular focus on infections that do and do not meet the infections surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated; with evidence of sign off when completed. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action advised. Any new infections are discussed</p>

		<p>at shift handovers for early interventions to be implemented. Benchmarking is completed with similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been four outbreaks reported since the last audit, including scabies in July 2024 and three Covid-19 outbreaks (November 2023, February 2024 and September 2024). Outbreaks were well documented, with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported to Public Health and Health New Zealand.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. The quick response (QR) codes for material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Enough PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site or by family/whānau or residents if requested. The laundry is delivered to the laundry via a chute system from level three. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit</p>

		<p>programme and the IPC coordinator provides oversight. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance body demonstrates a commitment toward eliminating restraint, as seen in the reduction of restraint use at Summerset by the Park since 2022. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse (on leave at the time of the audit). A job description which defines the responsibilities of the role is in place. Despite the facility being restraint free, the restraint meetings occur six-monthly. This meeting reviews policy and procedure, strategies implemented to support residents and staff training.</p> <p>Should there be any restraints, the reporting process to governance would include data gathered and analysed that supports the ongoing safety of residents and staff.</p> <p>Interview with a registered nurse (temporarily looking after the restraint portfolio) described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. This includes cultural considerations and de-escalation techniques. Seclusion is not used at Summerset by the Park.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, caregiver, registered nurse and quality improvement meetings provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled since last audit; however, where corrective actions were identified in the quality improvement meetings, these have not always been carried over to the next meeting or signed off when completed.</p> <p>The service has completed internal audits as scheduled. All internal audits for 2024</p>	<p>Corrective actions from previous meetings are not always brought forward at the next meeting or signed off when completed in the quality improvement meeting minutes reviewed.</p>	<p>Ensure there is evidence of follow up and sign off of corrective actions when completed.</p> <p>90 days</p>

		and 2025 year to date evidenced corrective action plans being documented when these were required, with corrective actions signed off when completed in a timely manner.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>The service actively takes a multi-disciplinary approach to the care of the residents. This includes regular reviews by the contracted general practitioner and nurse practitioner. Referrals are completed as clinically indicated to specialist services that include (but not limited to) dietitian, physiotherapists, speech language therapist, hospice, wound care nurse specialist, and medical specialists through Health New Zealand.</p> <p>Two hospital and one rest home level care residents reviewed by the dietitian had detailed management plans documented in the notes. However, the management plans have not always been incorporated or updated in the resident care plans. Following review by the general practitioner for one hospital resident, the plan documented was for fluid monitoring to be completed by staff to assess the intake levels. Review of the records confirm that this was not implemented.</p>	<p>(i). Three residents (two hospital and one rest home level of care) reviewed by a dietitian with management plans documented during the reviews, did not have these consistently incorporated or updated in the care plan.</p> <p>(ii). One hospital level care resident reviewed by the general practitioner with a requirement to have fluid intake monitoring, did not have this implemented by staff in the delivery of care.</p>	<p>(i). Ensure care plans are updated with management plans as per specialist input.</p> <p>(ii). Ensure implementation of care as per general practitioner plans.</p> <p>90 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</p>	PA Low	<p>At the time of the audit, the facility did not have a current building warrant of fitness. At the time of inspection, there were issues and a B-RAD was sighted. An interview with the property manager confirmed that when</p>	<p>At the time of audit, the facility did not have a current Building warrant of fitness. There was a B-RAD issued</p>	<p>Ensure there is a current building warrant of fitness for the facility.</p>

<p>disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>the inspection was completed there was a hole in the ceiling and piping issues that were penetrating the fire cell. The service has since completed the required repair work, as sighted on the day of the audit. The facility awaits inspection for compliance scheduled for on, or before 17 April 2025.</p>	<p>25 June 2024.</p>	<p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.