

# Summerset Care Limited - Summerset at the Course

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset at the Course
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 26 February 2025      End date: 26 February 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	9

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

At time of audit Summerset at the Course was undergoing significant refurbishment of the care centre and only the serviced apartments were in operation. Twenty of the serviced apartments are certified to provide rest home level of care. On the day of the audit, there were nine residents.

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

The village manager has been in the role for over five years. They are supported by a care centre manager (registered nurse), a clinical nurse leader, registered nurses, experienced caregivers, and administration/support staff. Summerset head office support the facility. The regional quality manager provided support for the duration of the audit. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified the service is meeting the Standard.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Summerset at the Course provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan FY2025 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset at the Course has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset at the Course collates clinical indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation and staff training and

development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The care centre manager and clinical nurse leader efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the nurse practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

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

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention control programme is implemented and meets the needs of Summerset at the Course and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been no Covid-19 outbreaks since the previous audit.

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

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

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and provide high quality healthcare. There were no residents that identified as Pasifika at the time of the audit. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>The were staff who identified as Pasifika. Summerset at the Course has links with the Pacific Health Service Hutt Valley to ensure connectivity within the region. Interviews with 10 staff (one clinical nurse lead, one registered nurse, four caregivers, one head chef, one diversional therapist, one recreational coordinator, and one property manager), and two managers (one care centre manager and one regional quality manager), and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care centre manager or clinical nurse lead discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful.</p> <p>Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Three rest home residents and three family/whānau interviewed reported that the service is upholding the</p>

		residents' rights. Interactions observed between staff and residents during the audit were respectful.
<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>	FA	<p>The caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. 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.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare and cultural competency.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	FA	<p>An abuse, neglect and prevention policy is being implemented. Summerset at the Course policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of</p>

<p>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>misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Staff complete education at orientation and as per the annual training plan on the code of conduct, code of ethics, workplace bullying, harassment/discrimination, professional boundaries and whistle blowing policy. Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms reviewed evidenced family/whānau are notified of adverse events. All correspondence with family/whānau is also documented in the progress notes and was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit all residents spoke English.</p> <p>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</p>

		<p>scope of services and of any items that are not covered by the agreement. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, resident and family/whānau meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>An informed consent policy is implemented. Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consent signed by the resident. Family/whānau or enduring power of attorney (EPOA) have signed consent forms for residents who are not able to give informed consent. The signed service agreements include consent for care and support, photographs, sharing of information, and family involvement. Advanced directives were documented in files reviewed. Caregivers confirmed verbal consent is obtained when delivering care and this was observed on the day of audit. Tikanga best practice is reflected in informed consent policies, with staff interviewed outlining their knowledge regarding how this is practiced in consent processes.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written using an electronic complaint register. There have been three complaints made in 2024 since the last audit. Follow up and resolution letters include a link to the national advocacy service. All complaints received and subsequent corrective actions are discussed in the quality improvement and staff meetings. There are processes in place to ensure any complainants are made aware of other avenues of support, when they are not satisfied with the</p>

		<p>outcome.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. The care centre manager meets with rest home residents individually on a monthly basis, where concerns can be raised. Family/whānau confirm during interview that the management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care centre manager acknowledged the understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</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 at the Course is certified to provide rest home and hospital (medical and geriatric) levels of care. At the time of the audit the care centre was being significantly refurbished. All the residents from the care centre have been relocated to another facility (Summerset Kelvin House). On the day of the audit there were nine rest home level care residents in the serviced apartments. The serviced apartments are certified to provide rest home level of care for up to 20 residents. All residents are under the aged-related residential care (ARRC) contract. There were no double rooms or married couples.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the national clinical review group that is run monthly and chaired by the general manager. Members of the committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy, and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and</p>

	<p>Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the national clinical review group. Orientation and training are not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the people and culture team can provide internal support. There is a cultural advisor on the Board. There is a quality and risk management programme, and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The Summerset at the Course business plan FY2025 is being implemented with quarterly review of milestones and sign off when completed evident. Cultural safety is embedded within the business plan, quality plan and staff training. The bimonthly general manager of operations and general manager of clinical services report is discussed at the national clinical review meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and registered nurses; clinical indicators; summary of</p>
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		<p>external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The village manager (absent on the day of the audit) has been in the role for five years and is supported by a care centre manager, who has been in the role at Summerset at the Course for four years. The management team are supported by a clinical nurse lead, regional quality manager (present at the time of the audit) and group operations manager. The village manager reports monthly to the regional operations manager. The care centre manager completes a monthly clinical indicator analysis report for the regional quality manager, who discuss the analysis with the national clinical review group.</p> <p>The village manager and care centre manager has completed the required training hours related to the management of a care facility and including leadership training with topics on conflict management, change management, complaints management, and code of ethics.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset at the Course is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, registered nurse/clinical and staff meetings (combined with Summerset Kelvin Heights) provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and emailed to specific staff work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements are documented, discussed with staff and progress reviewed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p>

	<p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which are available on the Summerset intranet, which guides staff in the provision of care and services. A resident satisfaction survey (food service) was completed in September 2024. Corrective actions were implemented around enhancing the meals service, i.e. food variety, temperature and enjoyment.</p> <p>A health and safety system is in place. Health and safety is managed by the health and safety committee. Hazard identification forms are completed electronically through Donesafe and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the themes raised. Staff incidents, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form. Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. Section 31 notifications were completed for a fire alarm shut down in the North wing (February 2025), sprinkler was shut down for maintenance (November 2024), call bell system was unstable in the care centre (June 2024), and a resident unexpected death (March 2024). There has been no severity assessment code (SAC) reporting required to the Health Quality and Safety Commission. There has been one respiratory outbreak reported since the last audit.</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 care centre manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate ratio coverage for the effective delivery of care and support for rest home level of care residents. Agency staff are utilised at times to cover short notice absences when these cannot be covered by Summerset 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. Serviced apartment call bells ring throughout the building and the allocated first aiders will respond to bells if required.</p> <p>The village manager and clinical nurse lead both work full time from Monday to Friday, and Sunday to Thursday respectively at Summerset at the Course. The care centre manager works full time, is based at Summerset Kelvin House and works at Summerset at the Course every Friday. On-call support for clinical concerns is managed by the nurse call system (NCS) virtual nursing service team and escalated to the care centre manager, as indicated by risk and complexity. The village manager is on call 24/7 for any operational related issues. There are separate staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days, with on-call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory</p>

		<p>training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. Learning content provides staff with up-to-date information on Māori health outcomes and disparities and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset library. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are ten caregivers employed in total. Nine caregivers have achieved level 4, and one has completed level 3 NZQA qualification. There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented.</p> <p>All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies that included subcutaneous fluids, syringe driver and interRAI assessment competency. Two of three registered nurses (including the care centre manager and clinical nurse lead) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset at the Course is supported by a people and culture team for recruitment processes. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts,</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>police vetting checks and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) general practitioners, dietitian, podiatrist, pharmacists and physiotherapist.</p> <p>Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. The service currently has no volunteers; however, an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes; however, whilst the refurbishment is continuing, the only admissions occurring are when a resident residing in the serviced apartments is assessed as needing rest home level of care. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care centre manager and clinical nurse leader are 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. 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 facility has established links with a local marae to support Māori and whānau through 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>FA</p>	<p>Five resident records were reviewed. The clinical nurse leader and registered nurses are responsible for all resident's assessments, care planning and evaluation of care. Initial assessments and long-term care plans (LTCPs) were completed for residents, detailing needs, and preferences. The individualised electronic LTCPs are developed, with information gathered during the initial assessments and the interRAI assessment.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans (STCP) are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. 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 a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. The Māori health plan identifies how the service will support any Māori and family/whānau to identify their own pae ora outcomes in their care/support plan.</p> <p>Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the nurse practitioner within required timeframes and when their health status changes.</p> <p>There is one nurse practitioner who visits twice weekly and as required. They work in tandem with the general practitioner, who is available for additional consults as required. Medical documentation and records reviewed were current. When interviewed, the nurse practitioner was complimentary regarding the standard of care and clinical leadership. After hours care is provided by the local public hospital when needed. A contracted physiotherapist runs a weekly clinic. A podiatrist visits regularly and a dietitian, wound care nurse</p>
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		<p>specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound register confirmed there is currently one minor wound requiring attention. A short-term care plan is in place. The wound plan was assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there were no pressure injuries. The progress notes are recorded and maintained in the integrated records.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and pain charts. Staff 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. Staff receive a written and verbal handover at the beginning of each shift. This was found to be comprehensive in nature.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one diversional therapist and one recreational therapist. Whilst the refurbishment is continuing, the activity programme is run in conjunction with the serviced apartment residents and those residents who have transferred to Summerset Kelvin House. The programme runs five days per week with a limited programme run on Saturdays. The activity staff have current first aid certificates. The programme is supported by the caregivers, entertainers and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which includes the weekly programme and weekly menu, which is delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in</p>

		<p>entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as manicures, hand massage and newspaper reading. There are several lounges where residents and families/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 LTCP. 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 gaming; hand pampering; bingo; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>There are resident meetings planned monthly. Review of meeting minutes evidenced these are occurring as scheduled. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings, six-monthly reviews and ad hoc with staff. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies</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. Staff were observed to be safely administering medications.</p> <p>The registered nurse interviewed could describe their role regarding medication administration. Summerset at the Course uses robotic rolls</p>

<p>with current legislative requirements and safe practice guidelines.</p>		<p>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. Medications were stored securely in the only medication room. The medication trolley is locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge 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 and charted on the electronic medication chart.</p> <p>Nine electronic medication charts were reviewed. The medication charts reviewed confirmed the nurse practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to 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 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 nurse 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</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. During the refurbishment, the kitchen team prepare all meals from a standalone container adjacent to the serviced apartments. Space was limited; however, the kitchen team have adapted the container to meet their needs and it was noted to be well organised, and clean. The nutritional value of the</p>

<p>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>menu has been approved by a dietitian. Some minor adjustments have had to be made to the menu whilst the kitchen is in its temporary premises. These changes have been approved by the regional food lead for the organisation. The food control plan was evidenced expiring on 30 November 2025. Dry ingredients were decanted into containers for ease of access, with the decanting and/or expiry date clearly visible. The chef manager is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling training, safe storage and food preparation, manual handling and hand hygiene training.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the clinical team and is notified of any changes to dietary requirements (vegetarian, dairy free, or residents with weight loss). The chef manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident's profiles had been reviewed and were noted to be current. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance, which gives them time to update the kitchen team if they need to request an alternative. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. The dining room was centrally located, spacious with sufficient tables provided for resident comfort.</p> <p>Staff interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen team follow the electronic schedule, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. The chef manager outlined that additional temperature checks and procedures are in place to ensure all food transported to the serviced apartments remains at the appropriate temperature. 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 in hot boxes on a golf cart to the main dining room. For residents preferring to have their meals in their rooms, their food is delivered on trays. Residents were observed to be enjoying the social aspect of mealtime. Food services staff have all completed food</p>
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		<p>safety and hygiene courses.</p> <p>The residents and family/whānau interviewed gave mixed reviews regarding the standard of the food. They can offer feedback at the resident meetings and through resident surveys. The chef manager completes a daily walk through the main dining room to access resident feedback. 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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The provider participates in the Health New Zealand "yellow envelope" scheme to ensure sufficient detail is shared with other agencies to ensure a safe transition.</p> <p>Residents and family/whānau were involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The transfer and discharge policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau/EPOA, and the nurse practitioner. An escort is provided for transfers when required. Residents are transported in an ambulance for acute situations.</p> <p>Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	<p>FA</p>	<p>There is a current building warrant of fitness that expires on 28 November 2025. There is a full-time property manager who carries out</p>

<p>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>the annual preventative maintenance programme. Maintenance requests are documented electronically in Tech One and are acted upon in a timely manner. This is checked and signed off when repairs have been completed. The preventative maintenance schedule includes electrical testing and tagging (last completed in May 2024), calibrations of the weighing scales and clinical equipment (last completed in February 2025). Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Essential contractors such as plumbers and electricians are available 24-hours a day as required. There are sufficient storage areas for hoists, wheelchairs and any other equipment. The staff interviewed stated that they have all the equipment referred to within care plans to provide care. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide and promote safe resident mobility. Residents were observed moving freely around the areas. At the time of the audit the care centre was being significantly refurbished. All the residents from the care centre have been relocated to another facility (Summerset Kelvin House). On the day of the audit, there were nine rest home level care residents in the 20 serviced apartments certified for rest home level care. The serviced apartments are across three wings: North, South and West. There are two serviced apartments dining areas for rest home residents. The serviced apartments are spacious with pleasant outlooks. Each serviced apartment has a lounge, separate bedroom and ensuite. All serviced apartments have external windows to provide natural light, appropriate ventilation and heating. There are heat pumps in each of the serviced apartments and in all communal areas. There are adequate numbers of communal toilets for residents and separate toilets for staff and visitors. There is safe access to the outside areas and gardens.</p> <p>The care centre manager reported that iwi consultation has occurred with Māori, to ensure the environment is suitable for all cultures and a blessing is planned prior to opening.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. Staff interviewed confirmed their awareness of the emergency procedures. The New Zealand Fire Service approved a fire evacuation plan that is in place for the three serviced apartment wings: North wing dated 18 September 2023; South wing dated 28 August 2023; and West wing dated 18 June 2018. Fire evacuation drills are conducted every six months and was last completed on 28 November 2024. The staff orientation programme includes fire and security training. An external contractor checks all required fire equipment within the required timeframes. Civil defence supplies are stored and were last checked in February 2025. In the event of a power outage, two BBQs and two portable gas stoves are available. The provider has a large generator on site to provide essential services to the main building. In the event of a civil defence emergency, sufficient lighting is available.</p> <p>There are water tanks located throughout the village (55,000 litres in total). There are two 2,000 litre water tanks available in the serviced apartments, enough to provide residents and staff with twenty litres per person for seven days. There is always a first aid-trained staff member on duty 24/7. The call bell system involves a pager system, whereby staff are alerted to a resident's call bell via the personal pagers held by each staff member. Residents and family/whānau interviewed confirmed that staff responds to calls promptly. Appropriate security arrangements are in place. Staff complete regular security and safety checks overnight, with a checklist being completed. Summerset at the Course is a gated facility. The gates are locked between dusk and dawn, with fob security access for residents and staff. Family/whānau and residents know how to alert staff when they need access to the facility after hours. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Summerset at the Course quality programme. This is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>through Public Health, Health New Zealand and expertise within the clinical governance team. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the nurse practitioner, the public health team and the infection control team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator confirmed any outbreaks are reported immediately. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme has been approved by the executive management team and Board. The infection control programme is reviewed within the three-monthly regional meetings for all Summerset infection control coordinators. and discussed at infection control meetings. These meetings include review of policies and procedures to ensure compliance with standards and regulations is maintained. Polices are available to staff.</p> <p>Infection control data is included in the clinical reports which are discussed at Board level. The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>The infection prevention and control coordinator job description (sighted) outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed online training pertaining to infection control. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand, Bug Control, the nurse practitioner and public health team. During the visual inspection of the facility and facility tour, staff</p>

	<p>were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator described the pandemic plan. The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and caregivers confirmed their awareness of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team confirmed their awareness of process of involvement for all development and ongoing refurbishment of the building.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the mandatory training schedule. Staff have completed hand hygiene, skin infections, standard precautions, and personal</p>
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		<p>protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship (AMS) policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Responsible use of antimicrobials is promoted.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Quantity of antibiotic usage is monitored monthly. The nurse practitioner and clinical nurse leader provide oversight on antimicrobial use within the facility. The AMS programme is reviewed annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical nurse leader and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care</p>

		<p>plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand for any community concerns.</p> <p>There has been one incidence of Covid-19 in May 2024, but this did not escalate to being an outbreak. This was appropriately managed and was contained. There has been one respiratory outbreak in November 2024. This was appropriately managed as outlined by the clinical nurse leader.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety, hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is one sluice room with a sanitiser, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Cleaning is carried out seven days per week by separate cleaning personnel. Staff have completed appropriate training including safe chemical management. Additional data sheets and posters guide and remind staff of correct procedures to follow. The facility was noted to be clean on day of audit, with residents interviewed confirming satisfaction with cleaning services provided.</p> <p>There is a laundry on site, with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry</p>

		<p>is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</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 organisation's governance bodies demonstrate their commitment toward eliminating restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the provider works in partnership with the resident and family/whānau to ensure services are mana enhancing. At time of audit there were no residents using any type of restraint.</p> <p>The designated restraint coordinator is the clinical nurse leader. Any use of restraint is reviewed monthly by the restraint coordinator and reported at the clinical, staff and quality meetings and to the governance Board via the clinical report. The restraint coordinator interviewed described how the service is committed to providing services to residents without the use of restraint. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.