

# Summerset Care Limited - Summerset in the River City

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## Introduction

This report records the results of a Surveillance 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 in the River City
<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: 4 March 2025    End date: 5 March 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>	37

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset in the River City is certified to provide for hospital (geriatric and medical), and rest home level of care for up to 49 residents, including 12 beds in the serviced apartments. There were 37 residents in care on the days of audit.

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

The village manager is supported by a care centre manager, and regional quality manager.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas of improvement to follow up from the previous certification audit.

This audit identified shortfalls related to medication management.

## 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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Summerset in the River City demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## 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 in the River City has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve

outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes.

There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## 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 partially attained and of medium or high risk and/or unattained and of low risk.
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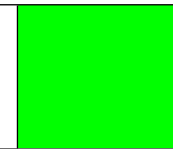
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been five outbreaks recorded and reported on since the last audit.

## 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.

The restraint coordinator is the registered nurse. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and will only use an approved restraint as the last resort.

### 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	17	0	0	1	0	0
Criteria	0	47	0	1	1	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>	FA	<p>A Māori health plan is documented for the service, which Summerset in the River City utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit the service had staff, and residents who identified as Māori.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. At the time of the audit there were no staff and residents who identified as Pasifika. Nine staff interviewed (five caregivers, two registered nurses, one clinical nurse lead and one chef manager) could confirm that they had received training related to cultural safety which informed them about Pacific peoples, their worldviews, cultural and spiritual beliefs and were equipped with knowledge on how to support residents who identify as Pasifika should they be admitted.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager (interviewed) demonstrated how it is also provided within welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with three family/whānau (one hospital, two rest home) and three residents (two rest home, one hospital), confirmed they are informed of their rights and their choices are respected.</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 services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Summerset in the River City policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Summerset in the River City are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</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</p>	<p>FA</p>	<p>Resident files reviewed included completed general consent forms, consents for vaccinations, release of photographs, and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file.</p>

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<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>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There has been four internal complaints received since last audit in March 2023: one in 2023 and three in 2024. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There have been no external complaints.</p> <p>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. Discussions with residents and family members 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 care centre manager 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,</p>	FA	<p>Summerset in the River City is part of the Summerset organisation and is certified to provide rest home and hospital level care for up to 49 residents. The service has 37 dual purpose beds in the care centre and 12 serviced apartments suitable for rest home level care. At the time of the audit there were 37 beds occupied in the care centre and no residents receiving a service in the serviced apartments. On the day of audit, there were 24 residents at rest home level, including one resident on a short term interim contract. There were 13 residents at hospital level of care, including one resident on a short term interim contract and one resident on Accident Compensation Corporation (ACC) funding. All the remaining residents were</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>under the age-related residential care (ARRC) contract.</p> <p>There have been no changes in the management team since the last audit. The overall management is provided by a village manager who was attending external professional development workshops at the time of the audit. They have been in their role for over seven years. The village manager is supported by an experienced care centre manager, a registered nurse, who has been in the role for six years. The management team is supported by a clinical nurse lead and a team of registered nurses, caregivers, and experienced staff. The management team reports a stable turnover of staff since their last audit in March 2023.</p> <p>The Governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset's General Manager (GM) of Clinical Services. The GM Clinical Services (chair of the group) reports to the Chief Operating Officer. The GM 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.</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. Summerset in the River City has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager and care centre manager complete quarterly progress reports toward these goals. The 2024 goals have been evaluated, and the village is in the process of implementing goals for 2025 (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data internally and with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and</p>
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		<p>management.</p> <p>The village manager and the care centre manager have attended training in excess of eight hours over the past year related to managing an aged care facility and appropriate to their roles.</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 in the River City 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 quality improvement meetings, registered nurses and staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place and corrective actions are always discussed and signed off when completed. Quality data and trends in data are posted on a noticeboard in staff areas. The service continues to work on maintaining the two continuous improvements awarded at the previous certification audit.</p> <p>The resident and family/whānau satisfaction survey was completed in September 2024 for Summerset in the River City and evidenced an overall satisfaction of 92%. Results have been communicated to residents and family/whānau through the November 2024 newsletter. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was last reviewed in August 2024. Electronic reports are completed for each incident/accident and immediate action is documented with any follow-up action(s) required as evidenced in the ten accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. Incident and accident data is collated monthly and analysed.</p> <p>Discussions with the care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. These include reporting related to residents absconding, one pressure injury</p>

		and one fall with fracture. There have been five outbreaks since the previous audit. All the outbreaks were well managed and reported appropriately.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager, and care centre manager work full time Monday to Friday. The clinical nurse leader works from Monday to Thursday. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts. Residents interviewed confirmed their care requirements are attended to in a timely manner. There is also a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. The care centre manager and clinical nurse lead share on-call duties.</p> <p>There is an annual education and training schedule being implemented for 2025. 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. Summerset in the River City supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 20 caregivers employed, 15 have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses complete specific competencies that include restraint, medication administration, wound care, syringe driver and interRAI assessment competency. Three of nine registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. These have been completed. A record</p>

		of completion is maintained on an electronic human resources system.
<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>	FA	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. 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) registered nurses, general practitioner, dietitian, physiotherapist, and pharmacists.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more having a current performance appraisal on file.</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>	FA	<p>Five resident files were reviewed: three rest home including one resident on short term interim contract, and two hospital including one resident on Accident Compensation Corporation (ACC) funding. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. 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.</p>

	<p>Short-term care plans 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 nurses. 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 desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau 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 service supports and advocates for residents with disabilities to access relevant disability services. A physiotherapist visits the facility fortnightly and on request, to review residents referred by the registered nurses. Care staff work with the physiotherapist to deliver exercise programs to specific residents. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, mental health services for older people (OPMH), palliative care nurse and medical specialists are available as required through Health New Zealand.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have timely ongoing reviews by the general practitioner and when their health status changes. The general practitioner visits weekly and as required. Medical documentation and records reviewed were current. The general practitioner interviewed stated that there was good communication with the service and that they were informed of medical concerns in a timely manner. The general practitioner was complimentary of the management and clinical assessment skills. The general practitioner is also available after hours for the facility or to advise the registered nurses.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken when this</p>
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		<p>was required. Where wounds required additional specialist input, this was initiated, and the wound care nurse specialist was consulted. At the time of the audit there were ten active wounds from eight residents which included skin tears, abrasions, chronic seroma and lesions. There were no pressure injuries being managed at the time of the audit.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are current. Neurological observations are recorded following un-witnessed falls or where head injury is suspected. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; behaviour; bowel records; blood glucose levels, food intake charts and fluid balance monitoring. Monitoring charts have been completed as per care plan instructions. 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 handover at the beginning of their shift, as observed on the day of audit.</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 with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurses interviewed could describe their role regarding medication management; however, administration of medicines did not always reflect the prescriptions. The service currently uses robotic rolls for regular, pro re nata (PRN) and short course medication and blister packs for regular controlled drugs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication room and medication fridge temperatures are monitored daily and within acceptable standards. Eyedrops have been dated on opening.</p> <p>Ten medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication</p>

		<p>charts three-monthly; however, not all drug charts had photo identification and allergy status identified. Indications for use were not always documented for pro re nata medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of pro re nata medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There were no residents self-administering medications; however, there are clearly documented processes in place should a resident wish to self-administer medicines. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p> <p>The medication policy clearly outlines those residents, including Māori residents and their whānau, are supported to understand their medications. The general practitioner reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the clinical nurse lead and registered nurses.</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>	FA	<p>Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager interviewed reported they accommodate residents' requests, and the kitchen staff reported that the service prepares food that is culturally specific to different cultures.</p> <p>There is a verified food control plan which expires 27 June 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate</p>

<p>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>risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident's profile, family/whānau contact numbers and medication chart.</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>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Summerset in the River City and comply with legislation relevant to the services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring on 2 February 2026. Any maintenance requests are entered into the electronic maintenance system. This is checked daily and signed off when repairs have been completed. Equipment failure or issues are also recorded in the electronic system. There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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</p>	<p>FA</p>	<p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the head of clinical improvement who acts as the national infection prevention and control lead for the Summerset Group. The infection prevention and control programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually (sighted).</p> <p>The pandemic plan is available for all staff and includes scenario-based</p>

needs, size, and scope of our services.		training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).
<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 control programme and is described in the Infection Prevention and Control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections are reported to the head of clinical improvement and discussed at the monthly national infection control meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been five outbreaks reported since the last audit: three Covid-19 (May 2023, January and May 2024), one respiratory infection (April 2023) and one scabies (October 2024). All the outbreaks were well managed and reported appropriately. Daily outbreak meetings occurred with hand hygiene and food safety/hygiene refreshers completed.</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</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and is approved by the head of clinical improvement. Restraint use within Summerset Group is discussed and monitored at the national clinical review meeting. There is also a national restraint group which monitors restraint use and /or that</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint free strategies are maintained.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is a registered nurse.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed as part of training.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There are comprehensive medication policies in place which align with current legislation and best practice guidelines. Ten medication charts were reviewed. These included eight electronic charts and two paper based charts for residents on short stay (one rest home resident on short term interim contract, and one hospital resident on Accident Compensation Corporation (ACC) funding). For the two paper charts, not all of the charts were completed as required. The paper medicine chart and administration records for one hospital level resident did not reflect that the medicine was administered as prescribed.</p> <p>The eight electronic medication charts met all the required standards.</p>	<p>(i). The prescriber did not document the dates in full against the prescribed medicines for one hospital resident using a paper chart.</p> <p>(ii). There were no indications for use documented for PRN medication for one rest home resident using a paper chart.</p> <p>(iii). There was no photo identification evidenced on one rest home and one hospital resident paper based medication charts.</p>	<p>(j)-(iii). Ensure that paper based medication charts are fully documented to reflect expected standards.</p> <p>(v). Ensure medication is evidenced as being administered as prescribed.</p> <p>60 days</p>

			(iv). The resident was prescribed regular paracetamol; however, the signing sheets indicate PRN administration and signing by the staff.	
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	PA Low	The service is implemented an electronic medication system. The medication charts on the electronic system included all allergies and sensitivities. There was a resident who was utilising paper medication charts which did not have any allergies documented.	There were no allergies documented on one rest home resident using a paper based medication chart.	<p>Ensure the paper medication charts are fully completed to identify any allergies and sensitivities.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.