

Summerset Care Limited - Summerset on the Coast

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on the Coast
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 February 2025 End date: 19 February 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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 on the Coast provides rest home and hospital (medical and geriatric) level care for up to 44 beds in the care centre. On the day of the audit, there were 42 residents.

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

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

The certification audit identified that the service meets the Standard and has been awarded continuous improvement ratings around reduction of falls and infections.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

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 village manager is supported by a care centre manager who oversees the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset on the Coast 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 on the Coast collates clinical indicator data and benchmarking occurs. There are human resources 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 family/whānau reported that staffing levels meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

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 general 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 are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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 as required. Discharge and transfers are coordinated and planned.

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 warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is sufficient provision of toilets and bathroom facilities for residents' staff and visitors. Privacy signs are clearly visible. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security gates are locked automatically on dusk. External security lighting is in place.

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.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service 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. A restraint register captures all resident restraint information when restraints are in use and are reviewed on a regular basis.

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	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Summerset On the Coast is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumātua from the local iwi and Whakarongotai marae for Māori residents' cultural support. Summerset on the Coast also links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori.</p> <p>Summerset focuses on recruitment practices which includes building</p>

		<p>a diverse workforce that meets the needs of the residents in the care centres. The village manager stated that they support increasing Māori capacity within the workforce and will be employing Māori applicants when they do apply for employment opportunities at Summerset. At the time of the audit, there were staff who identified as Māori. Summerset on the Coast evidence commitment to a culturally diverse workforce, as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commission (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English, with pamphlets available.</p> <p>Interviews with nineteen staff (five caregivers, one clinical nurse lead, three registered nurses, one enrolled nurse, three housekeepers, one head chef, two kitchen assistants/cooks, one diversional therapist, one kaitiaki and one property manager) and three managers (village manager, clinical manager and regional quality manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. At the time of the audit there were residents who identified as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their family/whānau.</p> <p>Registered nurses interviewed explained family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The village manager and care centre manager stated Pacific peoples'</p>

		<p>cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset on the Coast links in with the Pacific navigation service through Health New Zealand – Te Whatu Ora to ensure connectivity within the region. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit, there were staff that identified as Pasifika. The village manager described how Summerset on the Coast continues to provide equitable employment opportunities for the Pacific community. Interviews with staff, management, eight residents (six hospital and two rest home), three hospital family/whānau, one resident advocate, 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 Commissions (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care centre manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the monthly resident meetings and quarterly advocacy meetings. Residents, family/whānau and the resident advocate interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and details of the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p>

		<p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Summerset on the Coast annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There was one married couple (receiving rest home and hospital level of care) at the time of the audit. Staff were observed to use person-centred and respectful language with residents.</p> <p>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. A spirituality and counselling policy is in</p>

		<p>place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village manager and care centre manager have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were residents identifying as Māori. The diversional therapist confirmed that the service actively supports Māori by identifying their needs and aspirations which include the physical, spiritual, family/whānau, and psychological health of the resident.</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>An abuse, neglect and prevention policy is being implemented. Summerset on the Coast policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and as per the annual training plan on code of conduct; code of ethics; workplace bullying; harassment and discrimination; whistle blowing policy; and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police 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.</p>

		<p>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 about the facility and services offered is provided to residents and family/whānau on admission. Quarterly advocacy and monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed, all communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails and regular newsletters. Staff have completed annual education related</p>

		to communication with residents with speech impediments and cognitive disabilities.
<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>	FA	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Seven electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney</p>

		as part of the mandatory training.
<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>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, by using a complaint register. This register is held electronically. There have been five internal complaints received since last audit: two in 2023, three in 2024 and nil year to date in 2025. No trends have been identified. All complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. There has been one external complaint received from the Health and Disability Commissioner in August 2023 related to care provision. The complaint has since been reviewed and a closure letter received from the Health and Disability Commissioner in October 2024. There was no ongoing monitoring required.</p> <p>All complaints received and subsequent corrective actions have been discussed in the quality improvement and staff meetings. Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Quarterly advocacy meetings and resident meetings which are held monthly provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori, and English.</p> <p>Interview with the care centre manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist</p>

		<p>Māori in the complaints process. Interpreters contact details are available. The care centre manager acknowledged their understanding that for Māori, there is a preference to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset on the Coast is located in Kapiti Coast and certified to provide rest home and hospital level care (medical and geriatric) for up to 44 residents. All the beds are dual purpose. There are no double or shared rooms.</p> <p>At the time of the audit there were 42 residents. There were 35 hospital level care residents including one resident on Accident Compensation Corporation (ACC) contract and one resident on a younger person with a disability (YPD) contract; and seven rest home level care residents, including one on respite care. All the other residents were under the age-related residential care contract (ARRC).</p> <p>There have been changes in the management team since the last audit. The overall management is provided by a village manager who has been employed by Summerset for four years, but as village manager at Summerset on the Coast since July 2023. They have a background in management. The village manager attends local meetings related to aged care and Summerset leadership training sessions. The village manager is supported by a care centre manager, a registered nurse, who has been in the role since November 2023, with previous role of nurse manager in primary health. The management team is supported by a team of registered nurses, caregivers, housekeeping, kitchen, activities, maintenance and administration staff. The management team reports a stable turnover of staff since their last audit in March 2023. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</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,</p>

	<p>clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy, and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business plan (reviewed quarterly), quality plan, and staff training. The 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 RNs; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The village manager 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. The</p>
--	--

		village manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.
<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>	FA	<p>Summerset On the Coast 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 nurse 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, resident meetings, staff meetings and collation of data were documented as taking place. Family/whānau meetings and advocacy meetings have been completed as scheduled since last audit. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and family/whanau satisfaction surveys has been completed for Summerset on the Coast and evidence a 92% satisfaction with food service, compared to the organisational average of 83%; 78% ease of doing business compared with 71% average for the organisation, and a net promoter score of 43 with the organisational average sitting at 38. The service benchmarks against other Summerset facilities and review of the results evidence that outcome of the satisfaction survey results for Summerset on the Coast is above organisational average in all aspects. The outcome of the surveys have been discussed with staff, residents and</p>

	<p>family/whānau.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Three of the seven health and safety committee members have completed the required external training for health and safety officers. Hazard identification forms are completed electronically, and an up-to-date hazard register was last reviewed April 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffroom keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries since last audit.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings, and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Summerset on the Coast implements a continuous quality improvement approach with service delivery, including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for reduction of urinary tract infections (link 5.4.4) and reduction of falls and these demonstrate continuous improvement, with improved outcomes for the residents.</p> <p>Discussions with the village manager and care centre manager</p>
--	---

		<p>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 (but not limited to) change in facility manager and clinical manager, and one pressure injury. There have been three outbreaks since the previous audit. All the outbreaks were well managed and reported appropriately.</p> <p>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>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. 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. 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 a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is no use of agency staff. The service contacts own staff and those on the casual pool to cover short notice absences. Any absences and sick leave are covered through extending working hours through mutual agreement with employees or use of the casual pool of staff. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Village call bells ring on a pager allocated to staff in the main building and a first aider will respond to bells if required.</p>

	<p>The managers all work full time Monday to Friday. The care centre manager is on call for clinical concerns. The village manage is on call for any operational concerns. There is a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There are separate staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days, with on-call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset on the Coast supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 22 caregivers employed, 17 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>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Seven of fourteen registered nurses are interRAI trained. All registered nurses and enrolled nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; and</p>
--	---

		<p>identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. A selection of caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. The service has one volunteer, a resident advocate, who currently visits the facility and meets with residents. There is an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p>

		Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for 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. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under</p>

<p>communicated to the person and whānau.</p>		<p>which the service operates. The care centre manager and clinical nurse leader are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process. Declining entry would be if the service had no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with a local marae, and through Māori staff. Contact details are readily accessible for staff. The service has information available for Māori, in English and in te reo Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident records were reviewed: three rest home (including one resident on respite), and four hospital residents (including one resident on a YPD, and one resident on an ACC contract). The registered nurses are allocated residents as keyworkers. They are responsible for all resident's assessments, care planning and evaluation of care. Five resident records that required long-term care plans were completed for detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The respite resident's file included initial assessments and short-term care plans. The YPD records evidenced the completion of all appropriate assessments and plans.</p> <p>All LTCP and interRAI 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</p>

	<p>the resident's individual activity care plan. 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 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 the 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. 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.</p> <p>The service supports Māori and their whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There is one general practitioner who visits twice weekly and as required. Medical documentation and records reviewed were current. After hours care is provided by the contracted medical practice and the local public hospital when needed. When interviewed, the general practitioner was complimentary regarding the standard of care and clinical leadership. If a physiotherapist is required, a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse 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</p>
--	---

		<p>facility. A review of the wound care plans evidenced that wounds were 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 was one stage III pressure injury. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed 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 repositioning charts.</p> <p>Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a verbal handover supported by use of the electronic resident information being displayed at the beginning of each shift. Handovers include discussion regarding resident wounds and the care needed. This was noted 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>	FA	<p>There is one diversional therapist, and they deliver the activities programme five days per week. Kaitiaki support the activities programme Monday to Friday and provide a reduced programme on the weekends. All activities staff have current first aid certificates.</p> <p>The programme is supported by the care staff, various church groups and entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a resident and family bulletin produced monthly that keeps residents and family/whānau updated regarding the activity programme, staff updates and photos of events held over the preceding month. The bulletin is available at different places throughout the facility. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in 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 hand massage, book/newspaper reading, reminiscing or they are supported to engage in exercise. 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 history, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; bingo; happy hour; and cooking.</p> <p>There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings occurring as per schedule. 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 through 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 with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. Summerset on the Coast uses robotic packs for regular use and 'as required' medications. Some short</p>

		<p>course medication is provided in blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the only medication room. Medication trolleys were 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 within expiry date. The six-monthly controlled drug physical check and reconciliation has been completed as per schedule. All over the counter medications are reviewed and prescribed.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general 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 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 nurses 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>
Subsection 3.5: Nutrition to support wellbeing	FA	All meals are all prepared and cooked on site. The kitchen was

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 30 November 2025. Dry ingredients were decanted into containers for ease of access. Dry goods evidenced a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The head chef is supported by part-time cooks and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The head chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The head chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident's profiles had been reviewed and regularly updated. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The menu is available throughout the facility with the daily menu highlighted on large noticeboards in the main lounges/dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The head chef oversees the completion of fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the main dining rooms in scan boxes or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings, resident surveys and ad hoc with care and kitchen staff. There is adequate food</p>
--	--	---

		supply available for each resident for minimum of three days.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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 facility participates in the Health New Zealand "yellow envelope" transport documentation system to ensure sufficient detail is shared with other agencies and the transition is safe. The residents and their family/whānau were involved in all discharges and transfers to and from the service. Discharge notes are uploaded on the system and discharge instructions are incorporated into the care plan. Family/whānau are 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. A staff escort is provided where required. Residents are transported to the accident and emergency department in an ambulance for acute situations. The clinical nurse leader explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The discharge planning included risk mitigation and the current needs of the resident.</p> <p>Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses.</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</p>	FA	<p>The building holds a current warrant of fitness, which expires in February 2026. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is an electronic maintenance request system for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in November 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The care areas are on a ground level building with easy access to the gardens. Administration offices are located upstairs. Two full-time gardeners maintain gardens, with another tasked with keeping the lawns mown. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious for the residents. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The registered nurses stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. There are adequate numbers of toilet and showering facilities. One rest home bedroom has an ensuite. All other residents use communal bathrooms and toilets. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by underfloor heating and large heat pumps throughout the facility. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility.</p> <p>The service has no plans to build or extend the care centre; however, the organisation has knowledge of the need to follow a co-design approach, which ensures that the aspirations and identity of Māori are reflected in any future additions to the care centre.</p>
---	--	--

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly, and the last one was completed September 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available, barbeques and extra gas bottles to support the emergency cooking resources if power is disrupted for longer periods of time.</p> <p>There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies. All of which is emptied and replenished as part of the annual maintenance schedule. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways and the nurse's station to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed stated that call bells are not always answered in a timely manner. Staff are conducting a response time audit to ascertain if call bells are being responded to in a timely manner. All gates are locked each evening and access is only granted by speaking with staff on a video system. Care staff complete a security check each evening of the facility. The provider has systems in place that ensures all emergency and security arrangements are provided to all people using the services. The audit team were informed of these on day one of the audit.</p>
---	-----------	---

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset on the Coast business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team. Expertise and advice are sought from the general practitioner, Health New Zealand infection control team and experts from the local public health unit, as and when required.</p> <p>Summerset has an infection control and antimicrobial stewardship programme that aligns with Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. There is a documented pathway for reporting infection control and antimicrobial stewardship issues to the governing committee. Infection rates are discussed bimonthly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset operations, including infection prevention control and antimicrobial stewardship programmes. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p> <p>Significant infection events such as outbreaks and resident admission to hospital due to an infection are reported at the Village as Category A events in the electronic resident record system. Email alerts are sent to Head Office Clinical team members (all of whom are on the National Clinical Review group) as soon as the event is entered in the system, with appropriate support and follow up put in place.</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>FA</p>	<p>The infection prevention and control (IPC) coordinator, a registered nurse, leads, oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the IPC</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>coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the national clinical review group and is linked to the quality improvement programme and is current. Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported on regularly. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to outbreaks. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Health New Zealand. The care centre manager stated that the IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p>
---	--	--

		<p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. The last infection control audits completed in 2024 demonstrated compliance with expected guidelines. Care delivery, housekeeping, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitisers were available. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The care centre manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori.</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>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial programme was approved by the national quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the national infection prevention and control group (which includes IPC Coordinator from each care centre), with a particular focus on infections that do and don't meet the infections surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and antimicrobial stewardship review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed;</p>

		effectiveness; pathogens isolated; and any occurrence of adverse effects.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Opportunities for improvement are identified and implemented to ensure continuous quality improvement and wellbeing of the residents. The healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated, with evidence of sign off when completed. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action taken. Summerset on the Coast has demonstrated continuous improvement related to urinary tract infection reduction. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities. The service has been awarded a continuous improvement for the reduction of urinary tract infections.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been three outbreaks reported since last audit: rhinovirus in April 2024, respiratory tract infection in June 2024 and Covid-19 in August 2024. All the outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported appropriately.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaners' room. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are two sluice rooms (one in each wing of the hospital area) with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated housekeepers (cleaners / laundry). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site. The laundry is delivered to the laundry in colour code leak proof linen bags. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the housekeepers and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The housekeepers and care staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<p>The organisation and provider are committed to providing services to residents without use of 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. When restraint is considered, the provider works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator</p>

<p>restraint in the context of aiming for elimination.</p>		<p>is a registered nurse. Their job description for the role was sighted. There are no residents listed on the restraint register as using a restraint. When restraint is in use, it is reviewed monthly by the restraint coordinator and reported at the three-monthly clinical meetings and to the governance Board via the clinical nurse leader's report. The resident and/or family/whānau are consulted on the restraint procedures as part of the restraint review processes, and as required.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>CI</p>	<p>Falls data at Summerset demonstrated a need for improvement. It was noted that as an organisation, Summerset residents experience more falls and fall related harm, compared to residents living in facilities of other large, aged care providers nationally (data from national aged care providers benchmarking). A multi-factorial and comprehensive approach inclusive of staff awareness, training and education, reducing risk factors for individual residents at the right time, reducing environmental risks and process related risks has been implemented by the organisation. Summerset aims to balance falls risk reduction for residents, while enabling independence and participation.</p>	<p>Summerset on the Coast fall rate has consistently come down for 2024. In 2024 quarter one saw the introduction of the post falls assessment for staff to incorporate into resident assessment and care planning and intentional rounding for residents with high falls risk. There was a total of 41 falls in the quarter, with 12 of these resulting in various injuries and one fracture. In quarter two, the fall rate was still high; however, benchmarking data against other Summerset facilities indicated a steady decline in the rate. Better life boosters (high protein and calcium diet) were added to the daily menu plans to reduce risk of fractures. Residents with high falls risk were discussed at handovers and intentional rounding continued to be implemented. There was a reduction to 38 falls in quarter two, with six resulting in injuries. Increased staff training on falls risk assessments</p>

			<p>and interventions; regular physiotherapy sessions and resident individualised risk assessments; enhanced staff compliance with falls prevention protocols; one on one activities; and buddy system (making friends with other residents to help settle) were measures that continued to be implemented resulting in a visible reduction in falls for quarter three to a total of 25 falls, of which four sustained minor injuries. Quarter 4 had 30 falls with one new resident with advance dementia had six falls within a few days and has had no further falls with fall prevention strategies in place, and two other admissions for palliative care, one resident had terminal restlessness and the other had a slow journey with increasing confusion. Increased monitoring was implemented till these residents passed away peacefully.</p> <p>Quarter 1 of 2025 has had a total of 19 falls. The quality initiatives implemented have reduced falls and fall related injuries over time, balanced with residents' need for independence and participation. In addition, staff have been spending less time supporting residents post fall and family/whānau trust in care provided has enhanced. Above strategies have helped improve overall health outcomes and quality of life for residents at risk of falls by reducing falls and injury from falls.</p> <p>As a result of residents report feeling safer and more supported, particularly those identified as high falls risk. Intentional rounding and environmental adjustments have led to fewer incidents, enhancing confidence in daily activities. Nutritional support through "Better Life Boosters" has contributed to stronger physical health and fewer injury-related complications. In parallel, fewer falls have translated into reduced</p>
--	--	--	---

			<p>anxiety, improved mood, and greater engagement in social and recreational activities. Residents have received person-centred interventions tailored to their specific needs, contributing to improved trust in care, better communication with families/whānau, and increased satisfaction. By reducing the fear and occurrence of falls, residents are able to participate more fully in community life and maintain independence, which has a direct impact on dignity and quality of life.</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>A project for reducing the rate of urinary tract infections (UTI) for residents was commenced in 2023 following a review of the clinical data that identified high incidence of UTIs. The purpose was to aim to promote quality of life for the residents, minimise the incidence of UTIs for those residents prone to the infection or with recurrent UTIs, and avoid the use of antibiotics. All staff were involved in the process and strategies included (but not limited to) staff training; fluid rounds and promotion of hydration with use of the 'pink jugs'; use of cranberry juice for residents with recurring UTIs; discussion of residents of concern during handovers including strategies being implemented; and involvement of residents, family/whanau.</p>	<p>The project plan for 2023 was to reduce UTIs by introducing visual measure of a 'pink jug' so staff could identify residents who have higher fluid intake needs due to recurring UTIs. The measure was partly successful with six months in 2023 recording one resident with UTI, four months with two residents, one month with three and May 2023 with zero residents with UTI. Benchmarking the occurrence of UTIs against other Summerset care centres data in 2023 showed spikes of infection and the data for Summerset on the Coast was above national average. As such, 2024 saw the continued focus on the UTI project as there were residents identified with recurring UTIs each month, despite the pushing of fluids. All residents with recurring UTI's were females and specimens sent to the lab came back with E. Coli. Staff introduced cranberry juice three times a day from 01 August 2024, specifically for the five residents with recurring UTIs. From August 2023 to July 2024, the trial residents had several recurring UTIs. As of 31 August 2024, Summerset on the Coast had zero cases; September 2024 had three cases (including one taking cranberry), a resident who had two UTIs</p>

			<p>was added to the cohort for cranberry juice; two cases were recorded for October 2024; and no cases for November and December 2024.</p> <p>The implementation of the cranberry juice in addition to the 'pink jugs' for residents with recurring UTIs has significantly reduced the overall UTI rate for Somerset on the Coast. In 2023, the care centre had 34 residents treated for UTIs, while in 2024, there were only 20. This saw a reduction in UTIs of 41% overall. Benchmarking data with other Somerset care centres shows a drop and maintenance of the UTI rates for Somerset on the Coast below the organisational average, per bed days to date.</p> <p>There was noticeable improvement in the quality of life of residents as symptoms related to UTIs such as falls started to come down as well. For residents who had a history of recurring UTIs, the rates were significantly reduced. The use of non-pharmacological interventions to prevent the UTIs helped to reduce the usage of antibiotics, which is one of Somerset's infection prevention and control goals. Observation on the days of the audit confirmed the use of 'pink jugs', and residents being offered cranberry juice. Interview with one resident who is part of the cohort, confirmed they were fully aware of the support the staff were providing for them and noted the difference the interventions implemented had made to their quality of life.</p>
--	--	--	---

End of the report.