

Summerset Care Limited - Summerset in the Vines

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset in the Vines

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

Dates of audit: Start date: 22 April 2025 End date: 22 April 2025

Proposed changes to current services (if any): Summerset in the Vines is an existing care centre which closed during November 2023 for substantial refurbishment. This partial provisional audit is to verify 40 beds. The service is applying to be certified to provide rest home, hospital (medical and geriatric). The care centre is planning to re-open 26 May 2025.

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



Executive summary of the audit

Introduction

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

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

General overview of the audit

The service is applying to be certified to provide rest home, hospital (medical and geriatric) level care. The service is planning to re-open on 26 May 2024.

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

The service is supported by an experienced interim village manager. An experienced care centre manager (registered nurse) has commenced employment, she is supported by, registered nurses, experienced caregivers, and administration/support staff. Summerset head office support the facility. The regional quality manager provided support for the duration of the audit.

The audit identified the design and upgrades to the existing care centre, staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, and hospital (medical and geriatric).

There were no shortfalls identified in this audit.

Ō tātou motika | Our rights

Not audited

Hunga mahi me te hanganga | Workforce and structure

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2025 informs the site-specific operational objectives which are planned to be reviewed on a regular basis.

There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. The roster for the care centres is planned and includes an incremental process of staff roster increased as resident numbers increase.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

There are a number of food service policies and procedures. The team of kitchen staff lead by the kitchen manager have been employed.

Residents' food preferences and dietary requirements will be identified at admission and all meals will be cooked on site. Food, fluid, and nutritional needs of residents will be provided in line with recognised nutritional guidelines and additional requirements/modified needs, from the refurbished kitchen.

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

The refurbished care centre has 34 rooms and 40 available beds (six rooms are double rooms). An additional wing has been added to the service as part of the refurbishment.

All resident rooms are of an appropriate size to allow rest home, or hospital level of care. There is sufficient space for the safe use and manoeuvring of mobility aids including a hoist if required.

There is a courtyard and gardens which have been landscaped, shade and seating is available in the gardens and courtyard.

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

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

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

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

Infection prevention and control management systems are documented to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme meets the needs of Summerset in the Vines and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education will be to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and will be reported as part of Summerset current processes. The type of surveillance is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment.

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

Here taratahi | Restraint and seclusion

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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	12	0	0	0	0	0
Criteria	0	85	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset in the Vines has previously been certified to provide rest home and hospital (medical and geriatric) levels of care. The service closed November 2023 to undertake substantial refurbishment of the care centre. This partial provisional audit is to verify 40 beds in the care centre as suitable to provide rest home and hospital (medical and geriatric) levels of care. The configuration will be 28 single rooms and six rooms that could be used as double room for partners. Thirty-six beds will be under an occupation rights agreement (ORA) and four will be funded through the aged related residential contract (ARRC) as premium rooms. The refurbished care centre had no residents at the time of audit.</p> <p>The service has a documented plan for accepting and admitting resident using a controlled number of resident admissions each week (three a week). The opening plan also includes open days for prospective resident and family/whanau, staff open days, and a two- week orientation process for all staff prior to opening, which was in progress at the time of audit. There is an immediate staffing plan for the moving day to ensure staff are available at Summerset in the Vines</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</p>

	<p>committee include the regional quality managers, clinical improvement manager, head of clinical delivery, dementia specialist, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The head of clinical delivery reports to the general manager of clinical services. The general manager of clinical services works with the general manager of operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the national clinical review group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the national clinical review group. Orientation and training are not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the people and culture team can provide internal support. There is a cultural advisor on the Board. There is a quality and risk management programme, and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha have provided feedback around all aspects of the service development.</p> <p>Summerset in the Vines has a business plan FY2025 documented, quarterly review of milestones are scheduled. Cultural safety is embedded within the business plan, quality plan and staff training.</p> <p>The bi-monthly general manager of operations and general manager of clinical services report is discussed at the national clinical review meeting, and this will include Summerset in the Vines. The report is also submitted</p>
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		<p>to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and registered nurses; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The interim village manager is an experienced manager, who has wide experience assisting Summerset homes to open and supporting a new management team. The care centre manager is an experience registered nurse (RN) and health manager, she has a postgraduate degree in health management and has been in the role at Summerset in the Vines for three weeks. The management team are supported by a regional operations manager and regional quality manager (both present at the time of the audit). The village manager reports monthly to the regional operations manager, and this will continue. The care centre manager will complete a monthly clinical indicator analysis report for the regional quality manager, who will discuss the analysis with the national clinical review group, as was the practice prior to the care centre closing.</p> <p>The interim village manager and care centre manager have completed the required training hours related to the management of a care facility.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The interim village manager and regional quality manager interviewed confirmed staff needs and shortages will be reported to the national senior team.</p> <p>There is a staffing plan that includes a gradual increase of staffing as occupancy rises. The service has currently employed 20 staff, including five permanent RNs and one casual RN. Six RNs are interRAI trained. The roster from day of opening includes: An RN is rostered for each shift seven days a week and a care giver each shift seven days a week. The interim village manager and care centre manager all work full time and provide on call between them. Summerset also provide a national on call service for RNs to access afterhours if they need advice and/or support. This national</p>

		<p>service is provided by senior registered nurses.</p> <p>There are separate staff dedicated to 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>All staff were attending a two-week orientation at the time of audit. This training includes re-orientation to building and grounds emergency plans and equipment, security systems, the generator, on call system, computer/ information technology. keys and master keys, fire evacuation training and practice, chemical safety refresh kitchen services, and ceiling hoists. All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies that included syringe driver and interRAI assessment competency.</p> <p>There is a Summerset annual education and training schedule documented for 2025 and this will follow on from the staff orientation. The education and training schedule lists compulsory training, which includes cultural awareness training. Learning content provides staff with up-to-date information on Māori health outcomes and disparities and health equity.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset in the Vines is supported by a people and culture team for recruitment processes. Five staff files reviewed including two registered nurses and three</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>caregivers evidenced implementation of the recruitment process, employment contracts, and police vetting checks. Staff orientation was in progress at the time of audit. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is a process for staff annual appraisals.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. The service currently has no volunteers; however, an orientation programme and policy for volunteers is documented. A management of agency staff policy is documented for the organisation. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 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. The existing Summerset policies and procedures will continue and are well established. All staff who administer medications will be assessed for competency on an annual basis and this was in progress at the time of audit. Summerset in the Vines will use packaged medication for regular use and 'as required' medications. The service uses an electronic medication system; a process is in place for ensure allergies and sensitivities are documented. Established policies and procedures are in place to ensure residents and family/ whanau are informed and supported with medications. Standing orders are not used. A policy and procedure is documented around residents who wish to self-administer medications. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is to be completed.</p> <p>The refurbished care centre has a large medication room. The room is secure with a keypad lock. There are benches, cupboards and a hand basin in the room and the room has heating/ cooling heat pump. The fridge is yet to be installed. There are processes in place to ensure the medication room temperatures and fridge temperatures are recorded as</p>

		per policy. The service has two medication trolleys.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The main kitchen has undergone a significant refurbishment, and an updated food control plan verification is booked for July 2025.</p> <p>The chef manager is supported by a part-time cook and kitchen hands. All kitchen staff are completing safe food handling training, safe storage and food preparation, manual handling and hand hygiene training as part of the orientation. There is a food services manual available. There is a process to ensure that the chef manager receives resident dietary information from the clinical team and is notified of any changes to dietary requirements (vegetarian, dairy free, or residents with weight loss). All new residents will have their dietary profile documented. The Summerset dietitian approved menu includes alternatives for those residents with dislikes or religious and cultural preferences. Tikanga guidelines are available to staff.</p> <p>The newly refurbished kitchen has new ovens, and hobs, deep fat fryer, air conditioning and air evacuation system. There is a walk-in fridge and a walk-in freezer. Floors and benchtops have all been refurbished. The service has equipment such as (but not limited to); plates, cups, cutlery, pots and pans and other kitchen equipment as these were stored during the refurbishment. There is a large and spacious dining room. The dining room has large windows and is next to the kitchen, enabling meals to be served directly from the kitchen.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and</p>	FA	<p>There is a full-time property manager who carries out the annual preventative maintenance programme for Summerset in the Vines village and this process will continue. Maintenance requests are documented electronically and are acted upon in a timely manner. This is checked and signed off when repairs have been completed. Essential contractors such as plumbers and electricians are available 24-hours a day as required.</p> <p>There is a code of compliance dated 1 April 2025 and a certificate of public use dated 24 March 2025.</p> <p>The refurbished care centre has 34 rooms and 40 potential available beds. An additional wing of six rooms (the double rooms) has been added to the</p>

<p>function.</p>	<p>building as part of the refurbishment. The double rooms are for married couples only. They are large enough for two beds, and there is space to be able to manoeuvre equipment with two beds as there is a ceiling hoist in all bedrooms.</p> <p>There is one call bell in the double rooms with “splitters’ to enable two call bells to be attached. The service has purchased reclining shower chairs to ensure that more disabled residents are able to shower. The reclining shower chairs are able to fit into the ensuites.</p> <p>All rooms have an external window. All rooms are large with a small kitchenette and a large ensuite. Each room has a ceiling hoist, a television and heated towel rails. Each of the rooms were fully furnished and resident are welcome to add their own furniture as required.</p> <p>The internal environment provides safe and accessible areas and promote safe mobility and independence. All outside areas are landscaped, accessible, and provide safe walking and shaded sitting areas for residents.</p> <p>There are three wings: One has nine rooms, a lounge and a sluice with sanitizer. Two further wings have nine and ten beds respectively and wings loop round an internal courtyard are joined at the far ends by the six new bedrooms. This group of bedrooms includes two further sluices with sanitizers. There are seats placed strategically round corridors for residents.</p> <p>The front of the building includes a large lounge and adjoining dining area and adjacent kitchen. There is a communal toilet located near to the large lounge. There is also a smaller lounge over-looking the internal courtyard. There is a nurse’s station, offices, medication room, a hair salon and reception area. The large laundry located in a utility area in the main building. The care centre includes a second floor above the reception area. This area had a staff room, training room, offices and staff toilets and a shower.</p> <p>There are sufficient storage areas for hoists, wheelchairs and any other equipment. All new equipment has a test and tag dated 17 April 2025. The environmental temperature is managed with heat pumps both in the bedrooms and in all communal areas and processes are implemented to manage significant temperature changes. The environment is inclusive of peoples’ cultures and supports cultural practices. Corridors are wide and</p>
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		<p>promote safe resident mobility.</p> <p>Documented iwi consultation has occurred with Māori and pacific island groups to ensure the environment is suitable for all cultures and a blessing is planned prior to opening.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. The New Zealand Fire Service approved a fire evacuation plan dated 4 April 2025. Fire training and a trial evacuation were provided 23 April as part of the staff orientation (evidence provided to auditor).</p> <p>All RNs have a current first aid certificate (sighted). Civil defence supplies are stored in large storage cupboards. In the event of a power outage, BBQs and portable gas stoves are available. The provider has a large generator on site to provide essential services to the main building. In the event of a civil defence emergency sufficient lighting is available.</p> <p>There are water tanks located throughout the village, and 2,500 litres of water, enough to provide residents and staff with four litres per person for three days. The call bell system involves a pager system, whereby staff are alerted to a resident's call bell via the personal pagers held by each staff member.</p> <p>Summerset in the Vines is a gated facility. The gates are locked between dusk and dawn with fob security access for residents and staff. Family/whānau and residents know how to alert staff when they need access to the facility after hours. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Summerset quality programme. This is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health, Health New Zealand and expertise within the national clinical review group. Infection prevention, control and antimicrobial stewardship resources are</p>

<p>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>accessible. All infections will be logged on the electronic database and accessible by the national clinical review group and regional quality manager.</p> <p>There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually. There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment. Policies are available to staff.</p> <p>The infection prevention and control coordinator job description (sighted), outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed online training pertaining to infection control. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand, the nurse practitioner and public health team.</p> <p>The national clinical review group has had input on the re-furnishment to ensure infection control can be safely managed and has had input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), are in place. There are rooms for the storage of infection prevention and control resources to support the pandemic plan if required.</p> <p>The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles,</p>

		<p>responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use equipment. There are processes in place to ensure shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the mandatory training schedule. Resident education will continue occur as part of the daily cares.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are to be monitored monthly and reported to the quality and staff meetings. Significant events are to be reported to the Board immediately.</p> <p>Responsible use of antimicrobials is promoted. Prophylactic use of antibiotics is not considered to be appropriate and will be discouraged. Quantity of antibiotic usage will be monitored monthly as part of the Summerset quality programme. The AMS programme is planned to be reviewed annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection prevention control manual. Monthly infection data will be collected for all infections based on signs, symptoms, and definition of infection. Infections will be entered into</p>

<p>the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) will include all infections including organisms and ethnicity. This data will be monitored and analysed for trends and patterns by the national clinical review team and will be included in the monthly report to the Board. Infection prevention and control surveillance will be discussed at facility meetings.</p> <p>Internal infection control audits documented as part of the Summerset quality programme. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service will continue to receive information from Health New Zealand for any community concerns.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety, hazardous waste and other waste disposal. There is a process in place to ensure chemicals are labelled with manufacturer's labels and will be stored in designated locked areas in the new wing. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>There are three sluices; each has a sanitiser a stainless-steel bench and separate handwashing facilities with flowing soap and hand towel. A chemical provider will continue to monitor the effectiveness of chemicals.</p> <p>There is a laundry on site with all laundry to be completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry will be delivered back to residents' rooms. Linen will be delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be new. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator will monitor the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p>

Specific results for criterion where corrective actions are required

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

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

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

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

No data to display

End of the report.