

# Summerset Care Limited - Summerset at Heritage Park

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset at Heritage Park

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

**Dates of audit:** Start date: 1 April 2025    End date: 2 April 2025

**Proposed changes to current services (if any):** As per the Ministry of Health letter dated 30 November 2023 this audit has confirmed the reconfiguration request which involved making 10 of the current 20 license to occupy serviced apartments on the 2nd floor, dual purpose beds. This resulted in 10 rest home level care beds and 10 dual purpose care beds in the license to occupy serviced apartments. The total bed capacity for the license to occupy. serviced apartments remains at 20. The overall dual purpose bed numbers increase from 58 to 68.

**Total beds occupied across all premises included in the audit on the first day of the audit: 69**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset at Heritage Park is part of the Summerset Group of retirement villages and aged care facilities. Summerset at Heritage Park is a spacious, purpose-built facility and provides hospital (geriatric and medical), and rest home levels of care for up to 78 residents. There were 69 residents on the day of audit. Summerset Group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

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

The village manager (non-clinical) has been in the role for eight months and is supported by a care centre manager who has been in the role for two years. The management team is supported by the regional quality manager and group operations manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified the service meets the standard. A continuous improvement relating to meaningful activities has been awarded.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

## Hunga mahi me te hanganga | Workforce and structure

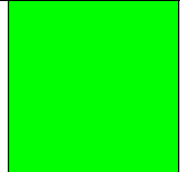
Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan for 2025 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset at Heritage Park has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset at Heritage Park collates clinical

indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard and risk 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 are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

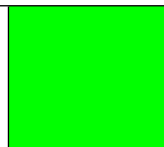
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses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

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

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

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

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. Most rooms have full ensuites with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of staffs' orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Benchmarking occurs with other Summerset Group facilities. Antimicrobial usage is monitored and reported on. A robust pandemic and outbreak management plan is in place. The internal audit system monitors for a safe environment. There have been two outbreaks since last audit.

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 27                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 1                           | 167                 | 0  | 0                                    | 0  | 0                                      | 0  |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence   |
|--|-------------------|--|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p>         | <p>A Māori health plan is documented for the service. This acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff who identified as Māori. Summerset at Heritage Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with the local iwi, and Orakei marae for guidance and support.</p> <p>Summerset at Heritage Park evidence commitment to a culturally diverse workforce as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.</p> <p>Residents and family/whānau are involved in providing input into the</p> |

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|   |    | resident's care planning.  |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>The Pacific Health Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission all residents state their ethnicity. There were staff and residents that identified as Pasifika at the time of the audit. Recruitment processes evidence an equitable process to recruit, train, and retain a Pacific workforce.</p> <p>Summerset at Heritage Park has links with links with local organisations (Lalage Pasifika, and Tongan Tamaki Langa Fonua Community Centre) to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people to improve wellbeing outcomes. Interviews with 14 staff including four caregivers, four registered nurses (RN), one clinical nurse lead (CNL), one diversional therapist (DT), one chef/kitchen manager, one laundry assistant, one housekeeper, and one property manager, and three managers (village manager, care centre manager [CCM], and one regional quality manager ), and documentation reviewed identified that the service provides person centred care.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>   | FA | <p>Details relating to the 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 clinical nurse lead supported by 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 and te reo Māori. Discussions relating to the Code are held during the monthly resident, and quarterly family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Health and Disability Advocacy Service information is available at the entrance to the facility and in the entry</p>   |

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|   |           | <p>pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five residents (two hospital, three rest home) and six family/whānau (hospital level) interviewed reported that the service is upholding the residents' rights.</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 and their own preferences are respected. 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. Summerset at Heritage Park's 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 collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction survey results (September 2024) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged as evidenced in the goals of the care plans, and interviews. Residents' files and care plans identified resident's preferred names.</p> |

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|  |           | <p>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 place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The diversional therapist confirmed that when Māori residents are admitted, the service actively support Māori by identifying needs and aspirations through a cultural assessment process.</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 at Heritage Park's policies aim to prevent any form of discrimination and acknowledge the 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. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a</p> |

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|  |    | holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.  |
| <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> | FA | <p>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak English. Staff interviewed could demonstrate effective communication strategies, which including dual language written material and image cards, and the use of electronic translation resources. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>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. The service communicates with other agencies that are involved with the resident, such as the local 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 described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and resident and family/whānau meetings .</p> |

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| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were activated where appropriate, and all associated documentation was evident in resident files. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>   | <p>FA</p> | <p>There is a documented concerns and complaints policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager and CCM maintain a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating. There has been one complaint received since the previous audit in April 2023, for which an acknowledgement, investigation, follow up and completed final resolution letter was sent to the complainant. There had been no complaints received from external agencies.</p> <p>Staff would be informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings</p>  |

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|   |           | <p>(meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support when they are not satisfied with the outcome. Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Resident meetings are held monthly, and family/whānau meetings are held quarterly where concerns can be raised. Family/whānau confirm during interview that the management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>   |
| <p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Summerset at Heritage Park is certified to provide hospital (medical and geriatric), and rest home levels of care for up to 78 residents. On level one, there are 58 dual-purpose rooms. All rooms are designed for single occupancy. There are 20 serviced apartments certified for care. Ten are certified for rest home residents (between ground and level 2), and ten for dual purpose use (level 2), as per the Ministry of Health Letter dated 30 November 2023. The dual purpose rooms increased from 58 to 68 since the last audit.</p> <p>On the day of the audit there were 69 residents requiring care. There were 14 at rest home level including eight in the serviced apartments; 55 at hospital level, including one resident on a long term support-chronic health contract (LTS-CHC), and seven in the serviced apartments. All residents (excluding LTS-CHC) are funded through the Age-Related Residential Care Agreement (ARRC). All rooms were singly occupied at the time of audit.</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 (GM) of Clinical Services. Members of the group include the include Head</p> |

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|  | <p>of Clinical Delivery, Head of Clinical Improvement, Regional Quality Managers, Care Capability Specialist, National Dementia Specialist, National Clinical Pharmacist, and National Therapeutic Recreational Lead. There is also Māori representation on the group.</p> <p>The GM of Clinical Services (chair of the group) reports to the Chief Operating Officer. The GM of Clinical Services works with the Chief Operating Officer and Summersets 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. There are terms of reference for the National Clinical Review Group. All members have the required skills to support effective governance over operational, clinical services, 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 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.</p> <p>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.</p> <p>The village manager (non-clinical) has an extensive background in business, and management. They have been in the role for eight months and are supported by a care centre manager who has been in their role since April 2023. The management team is supported by a clinical nurse lead and regional quality manager (present at the</p> |
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|  |           | <p>time of the audit. The regional quality manager reports to the Head of Clinical Delivery. Within the Village, the Care Centre Manager reports to the Village Manager. The Village Manager reports to the Group Operations Manager who provide operations and business oversight.</p> <p>Cultural safety is embedded within the business plan 2025, quality plan, and staff training. The current business plan for Summerset at Heritage Park describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care, health and safety, dementia friendly, customer experience, staff satisfaction and workforce learning development, and sustainability and social responsibility.</p> <p>The management team have completed the required training hours related to the management of a care facility and include leadership training with topics on conflict management, change management, complaints management, and Code of ethics.</p>  |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Summerset at Heritage Park is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical 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, cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and also emailed to staff `s work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> |

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|  | <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which are available on the Summerset's intranet that guides staff in the provision of care and services. A resident and family/whānau satisfaction survey was last completed in September 2024. The survey evidence overall satisfaction on the areas surveyed, there were no corrective actions required as a result of the survey. Overall satisfaction rate was at 91% (previously 88%), and a net promoter score of 61 (benchmark 38). A continuous improvement rating is awarded at this audit for the implementation of an activities programme that is meaningful for residents with early to mid-stage dementia (link 3.3.1).</p> <p>A health and safety system is in place. Health and safety is managed by the Operations Health and Safety Committee which reports to the National Health and Safety Committee for Summerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically through Donesafe and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the themes raised. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the 15 accident/incident forms reviewed. Neurological observations following unwitnessed falls have been completed according to the Neurological observation</p> |
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|  |           | <p>policy and procedure. Results are discussed in the quality improvement, staff meetings and at handover. 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. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Events policy and Procedure has been updated to reflect SAC (severity assessment code) 1 and SAC 2 events reporting procedure to the Health Safety and Quality Commission, and management are aware of this. There have been no incidents requiring a Section 31 notification or SAC reporting required since the previous audit. There have been two outbreaks (Covid-19 in June 2024 and November 2024), which were managed and reported appropriately.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br/>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.<br/>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 documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week Monday to Friday. The care centre manager is on-call 24/7 for any clinical issues with support from the clinical nurse lead. The village manager is on call 24/7 for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p>   |

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|  | <p>The service apartment has a service apartment coordinator and caregivers allocated across all shifts. The roster reviewed evidenced RN 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. A Kaitiaki role provides support for the wellbeing team and caregivers seven days a week. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</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. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 42 caregivers employed in total. Thirty caregivers have achieved level 4, seven have completed level 3 NZQA qualification. All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, hand hygiene, and personal protective equipment (PPE) donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented. All RNs are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies and include subcutaneous fluids, syringe driver and interRAI assessment competency. Ten of fifteen</p> |
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|  |           | <p>RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand.</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 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>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. Summerset at Heritage Park is supported by a People and Culture team for recruitment processes. Nine staff files reviewed (including three RNs, two caregivers, kaitiaki, laundry assistant, diversional therapist, and clinical nurse lead), 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. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were being completed as per the appraisal schedule. 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 RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy, which</p> |

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|  |    | 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. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration</p>   |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine 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 are based on the assessed needs of the resident and the contracts under which the service operates. The care centre manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are</p> |

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|  |           | <p>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 provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>  |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Nine files were reviewed for this audit: five hospital residents (including one resident under a LTS-CHC contract and one who reside within the serviced apartments), four rest home level care residents (three who reside within the serviced apartments). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and</p> |

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|  | <p>align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>A general practitioner / nurse practitioner (GP/NP) from a local practice ensures residents are assessed within five working days of admission. The GP/NP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The medical practice provides on-call service for after hours and on the weekend. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Summer at Heritage Park. The general practitioner was complimentary of the clinical assessment skills as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who visit three times a week for four hours per day. A podiatrist visits every fortnight and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, GP/NP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP/NP. Family/whānau stated they were notified of all changes to health,</p> |
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|  |           | <p>including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were 16 wounds (on the day of audit) and no pressure injuries. Many of the wounds were minor skin tears. The wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression where required. The registered nurses reported the wound care specialist has input into chronic wounds and any pressure injuries when they do occur. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted).</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>There is one diversional therapist and two kaitiaki and a casual assistant who deliver the program seven days per week. The activities team have current first aid certificates. The programme is supported by the kaitiaki, caregivers, community groups, pastoral care, and volunteers. The serviced apartment residents attend the same programme and residents interviewed said they choose which sessions they want to attend. The program is well advertised.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter and activities programme printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te reo Māori incorporating</p>   |

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|  |           | <p>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. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures; hand massage and newspaper reading are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. There is a well-placed sensory garden on the balcony.</p> <p>There are resident meetings which are facilitated by the care centre manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. A continuous improvement rating is awarded at this audit for the implementation of an activities programme that is meaningful for residents with early to mid-stage dementia.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</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.</p>   |

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| <p>and timely manner.<br/> Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br/> 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>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 and caregivers interviewed could describe their role regarding medication administration. Summerset at Heritage Park uses robotic roles for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP/NP and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP/NP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There were no residents who were self-administering their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical nurse lead, care centre manager and registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice</p> |
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|  |           | <p>is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>   |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 31 December 2025. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian (22 January 2025). The chef manager is supported by four full time chefs, and seven cafe assistants. All kitchen staff have completed safe food handling, and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager has access to the nutrition aspects of the electronic resident information. Resident’s nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. 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 served in the main dining room by the chef from a Baine Marie. Other meals are transported to the dining rooms and residents’ rooms in temperature-controlled scan boxes. Residents are supported to have their meals delivered to their rooms if they</p> |

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|   |           | <p>wish. 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. On the day of audit, meals were observed to be well presented and the dining experience and environment to be safe and pleasurable.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. Food survey 2024, results recorded 92% residents were satisfaction/very satisfied with food service.</p>   |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the GP/NP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP/NP and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews.</p> |

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| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The facility is inclusive of people's culture and supports cultural practices. The building holds a current warrant of fitness, which expires 15 August 2025. A full-time property manager (interviewed) is supported by three maintenance assistants and a gardener, who address day to day repairs and complete planned maintenance per program. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in May 2024). Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment checks, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.</p> <p>The facility is spread over four floors. The ground floor consists of a reception office area, laundry, kitchen, lounge, and resident swimming pool. There is lift and stair access between the floors. There are serviced apartments situated on the ground floor and second floor levels and independent apartments on the third floor. There are 20 serviced apartments certified for care. Ten are certified for rest home residents (between ground and level 2), and ten for dual purpose use (level 2). There is a nurse station and medication room for the serviced apartments.</p> <p>The first floor houses the care centre, which consist of two wings, East and West wing, with a total of fifty-eight rooms. All resident bedrooms in the care centre apart from four bedrooms have a full ensuite. All are dual purpose beds. There are communal toilet/showers closely located to the standard rooms. Additional toilets are provided for residents, visitors, and staff throughout the facility.</p> <p>The corridors are wide to promote safe mobility and independence. There are handrails appropriately placed in the toilets and showers. There are disability toilets located near the lounges. Rooms are personalised and spacious to provide for rest home and hospital</p> |
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|   |           | <p>level of care. Flooring, fixtures are appropriate throughout the building. There are ceiling hoists in the rooms.</p> <p>The gardens have been maintained to a high standard and seating and shade are provided.</p> <p>Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. The facility is heated and cooled via centralised ducts. There are heat pumps in resident rooms and service apartments for residents to adjust the temperature of their room to their liking. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p> <p>The village manager and regional quality manager reported that should there be planned development for the building, they are aware that Summerset policy states that consultation would occur with Māori and iwi if significant changes are considered for the facility.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency 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. This is also included within the annual staff education programme. Staff, and visitors are informed of the correct action to take during commencement of employment or via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 31 May 2017. Fire evacuation drills are held six-monthly and was last completed on 7 February 2025.</p> <p>Civil defence supplies are stored in identified cupboards and are</p>  |

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|  |           | <p>checked monthly. In the event of a power outage, a gas hob and gas barbeques available. The provider has a large generator on site. In the event of a civil defence emergency sufficient lighting is provided, call bells are fully operational, and all information technology maintains functional. There is an 8,000litre tank of water available plus supplies of bottled water, enough to provide residents and staff with three litres per person per day. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. 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 close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance. The main gates and front doors close automatically. A timer is set for summer and winter hours.</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>The infection prevention and control programme includes antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the Summerset strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist, Public Health, and Health New Zealand. Infection rates and trends are discussed at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset Operations. Proposed corrective actions, improvements and infection prevention and control projects are discussed at the meeting.</p> <p>Infection control related data is also benchmarked with the other Summerset facilities, further to this Summerset benchmarks with other aged care organisations and support office presents the</p>   |

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|   |           | <p>results to their facilities. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GPs, NPs, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional quality manager to head of clinical services. The board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</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>A registered nurse oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control training for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from the National infection prevention and control Group. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by support office in consultation with the infection control coordinators and proposed changes are consulted with village managers and care centre managers/clinical nurse leads as appropriate prior to its' completion. There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, RNs, and staff meetings. Infection control and prevention information is displayed on staff noticeboards.</p> <p>Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection control programme related to infection control activities at Summerset at Heritage Park is linked to the quality programme and was reviewed at the end of 2024. Policies are available to staff. The pandemic and infectious disease outbreak management plan in</p> |

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|  | <p>place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control 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 is available should there be an outbreak. Education with residents takes place on an individual basis and as a group in residents' meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator liaises with the care centre manager, clinical nurse lead, and regional quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The infection control coordinator confirmed that the National infection prevention and control group 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. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews,</p> |
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|  |    | staff understood these requirements. The service has printed educational resources in te reo Māori.  |
| <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 use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Summerset at Heritage Park has an infection control and antimicrobial stewardship programme that aligns with the Summerset strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and National infection prevention and control Group. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The Summerset pharmacist and geriatrician have oversight of AMS data.</p>   |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>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. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, 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. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings.</p> <p>Records of monthly data sighted confirmed infections are compared with previous months, reason for increase or decrease and action advised. New infections are discussed at shift handovers to ensure interventions are implemented as soon as they are able to be. Significant events are reported to the senior team and National</p> |

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|  |           | <p>infection prevention and control Group. Benchmarking is completed with other facilities.</p> <p>The infection control coordinator confirmed residents are offered vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been two outbreaks reported since the last audit, which were managed effectively, and reported on 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 antimicrobialresistant organisms.</p> | <p>FA</p> | <p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. The infection control coordinator also provide support to maintain a safe environment during construction, renovation and maintenance activities should this occur. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are stored securely, and the cleaning trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff. There is a sluice room in each area and a sanitiser with stainless steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team has oversight of the facility testing and monitoring programme for the</p> |

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|  |           | <p>built environment. There are regular internal environmental cleanliness audits which did reveal any issues. All clothing and linen are laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>  |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The facility is 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 family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. A job description which defines the responsibilities of the role is in place. Despite the facility being restraint free the restraint meetings occur six monthly. This meeting reviews policy and procedure, and staff training.</p> <p>Should there be any residents using restraints, the reporting process to governance would include data gathered and analysed that supports the ongoing safety of residents and staff.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. This includes cultural considerations and de-escalation techniques.</p> |

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

If, instead of a table, 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  |
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| <p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p> | CI                | <p>The service provides an environment that encourages quality initiatives where a review process including analysis and reporting of findings occurred. There is evidence of action taken based on findings that has made improvements to service provision. One of the quality initiatives reviewed include an improved activities programme with a focus on meaningful activities for residents with early to mid-stage dementia. An achievement of the continuous improvement rating was awarded for the implementation of a 14 week cognitive stimulation therapy (CST) programme that resulted in cognitive improvement of all residents who completed the programme. The project included reviewing whether the improvements had made a positive impact on the residents wellbeing by monitoring events related to challenging behaviour and the use of pharmaceutical interventions. Qualitative outcomes were</p> | <p>On the 1st of July 2024 at Summerset at Heritage Park a total of 29 residents (50%) had a diagnosis of early to mid-stage dementia. Due to the care centre not being a memory care centre, specialist programmes for people living with dementia were not being offered for this group of residents.</p> <p>Considering the challenges that people living with dementia face on a daily basis, Summerset at Heritage Park wanted to be able to provide a safe space for residents with mild dementia to continue to enjoy meaningful activities that would also enhance their cognition.</p> <p>Responses from family/whānau feedback through the multidisciplinary meetings and family/whānau meetings were collated related to activities and analysis of the feedback reviewed evidence family/whānau wish for improvement in communication, social skills, memory recall and wellbeing related to</p> |

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|  |  | documented. | <p>their own relative. A quality project was initiated and a cognitive stimulation therapy (CST) programme was commenced with 10 residents (note this number declined to six residents over a period of implementation due to ill health).</p> <p>The DT (CST facilitator) and a caregiver (CST assistant facilitator) completed training through University of Auckland in delivering a recognised cognitive stimulation therapy (CST) programme. The Summerset national dementia specialist fully supported the program and Summerset were committed to provide resources, time and financial approval.</p> <p>Cognitive stimulation therapy (CST) is a short-term, evidence-based, group or individual intervention program for people with mild to moderate dementia or Alzheimer’s disease. The strategy of CST is to guide people with dementia through a series of themed activities designed to promote continued learning over a fourteen-week period so that they can stay mentally stimulated and socially engaged. Activities include using reminiscence, physical movement, provide triggers and prompts to aid recall, concentration and building/ strengthening relationships.</p> <p>The assistant CST facilitator and registered nurse completed written feedback with specific guidelines provided as part of the programme how to measure the improvements post program. The DT interviewed explained the program, their experience and the positive outcomes and feedback received from family/ whānau. Success was measured through the CST programme assessments completed by a registered nurse, CST facilitator and CST assistant facilitator. Monitoring of individual challenging behaviour events and administration of pharmaceutical interventions was monitored as part</p> |
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|  |  |  | <p>of the overall quality initiative for the cohort of residents. A reduction in challenging behaviours was evidenced within this group and a reduction of the use of pharmaceutical interventions was demonstrated.</p> <p>The success of the CST programme brought about a change in practice as to how they help residents with mild to moderate dementia. The resident's assessment results showed improvement in confidence, self-esteem, improved memory recall, language skills, concentration, better sense of orientation and problem solving. Improved mood and emotional wellbeing exhibiting enthusiasm and joy during activities, reduction in anxiety and frustration and improved comfort within the group setting.</p> <p>From the outcome it was evident that the 14-week CST programme was successful, and it was therefore agreed that the programme should continue to be run and offered to different groups. It was found that the benefits to residents who participated in initial CST programme lasted for about three months and then started to taper off. It was therefore agreed to run a follow up maintenance programme for this group. Family/whānau interviewed were very keen for the CST programme to continue to be run as they could see the benefits.</p> |
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End of the report.