

Summerset Care Limited - Summerset on the Landing Kenepuru

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on the Landing Kenepuru
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 May 2025 End date: 27 May 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	87

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset on the Landing Kenepuru is certified to provide for dementia, hospital (geriatric and medical), and rest home level of care for up to 116 residents. There were 87 residents in care on the days of audit.

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

The village manager is supported by clinical nurse leads, and the regional quality manager.

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

The areas for improvement identified at the previous audit relating to care plan interventions, monitoring and medication management still require improvements.

This audit identified shortfalls related to implementation of the quality management framework, adverse event reporting, staff roster, staff training, implementation of care plans and care plan evaluations.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Summerset on the Landing Kenepuru has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. There are quality and risk management systems in place that take a risk-based approach.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service fully attained.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	14	0	1	3	0	0
Criteria	0	41	0	3	5	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Summerset on the Landing Kenepuru utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. At the time of the audit the service had staff and residents who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. At the time of the audit there were staff who identified as Pasifika. There were no residents who identified as Pasifika. Twelve staff interviewed (five caregivers, four registered nurses [including two clinical nurse leads], chef manager, property manager and business manager) and two managers (village manager, regional quality manager) confirmed that they were informed about Pacific peoples, their worldviews, cultural and spiritual beliefs and were equipped with knowledge on how to support residents who identify as Pasifika</p>

		should they be admitted.
<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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager and regional quality manager (interviewed) demonstrated how it is also provided within welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with four family/whānau (three hospital, one dementia) and ten residents (four rest home, six hospital) confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset on the Landing Kenepuru policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Summerset on the Landing Kenepuru are aware of professional boundaries, as evidenced in orientation documents. Interview with staff demonstrated an understanding of professional boundaries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights</p>	FA	<p>Resident files reviewed included completed general consent forms, consents for vaccinations, release of photographs, and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated and for residents in the memory care unit. All documentation regarding EPOA and activation is on file.</p>

<p>and their ability to exercise independence, choice, and control.</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. 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>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken.</p> <p>The have been 21 internal complaints received since last audit in December 2023: four in 2025 year to date and seventeen in 2024. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There have been four external complaints received from the Health and Disability Commissioner that remain open: June 2024, July 2024, August 2024 and September 2024. Care has been the main theme related to both internal and external complaints received by the service. Summerset has a current team, that includes General Operations Manager, Regional quality manager, Head of Clinical Delivery, Village Manager, Care Centre Manager, General Manager clinical and human resources that have been introspectively looking at risk (including complaints) and service delivery at Summerset on the Landing Kenepuru with strategies being implemented to address identified issues.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and regional quality manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset on the Landing Kenepuru is part of the Summerset organisation and is certified to provide dementia, rest home and hospital (medical and geriatric) level care for up to 116 residents. The service has 22 dementia beds, 75 dual purpose beds (43 rooms in the care centre and 29 serviced apartments) and 19 serviced apartments on the ground floor certified for rest home level of care beds. There are five double rooms reserved for couples.</p> <p>On the day of audit, there were 87 residents; 32 rest home level of care including one resident on respite; 40 hospital level of care including one resident on respite; and 15 residents at dementia level of care. All the remaining residents were under the age-related residential care (ARRC) contract.</p> <p>There have been changes in the management team since the last audit. The overall management is provided by a village manager (non-clinical) who has been in the role since August 2023. They have years of experience in business management and senior executive roles in New Zealand and Australia. There was a relieving village manager in place from January to April 2025. Since last audit there was an acting care centre manager from January to November 2024; a permanent care centre manager was appointed and worked from August 2024 to May 2025; at the time of the audit the regional quality manager was providing clinical oversight and support while awaiting the start of a new care centre manager in June 2025 (Summerset internal transfer). Due to the changes in the senior team Summerset has a team that includes the general operations manager, regional quality manager, head of clinical delivery, village manager, care centre manager, general manager clinical services and human resources who have been monitoring and introspectively looking at risk and service delivery at Summerset on the Landing Kenepuru. Strategies are being implemented to address identified issues. The core group has been meeting fortnightly with minutes (sighted) reflecting a robust process of review of the services at Summerset on the Landing Kenepuru and sign off of actions when completed to ensure service continuity. There is a team of unit coordinators, registered nurses, caregivers and experienced staff supporting the management team.</p> <p>The governance body for Summerset is the national clinical review committee who meet monthly and chaired by Summerset’s general manager (GM) of clinical services. There is also Māori representation on the group and there</p>
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		<p>are clearly documented terms of reference. The GM clinical services (chair of the group) reports to the chief operating officer. The GM clinical services works with the chief operating officer and Summerset's chief executive officer to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Summerset on the Landing Kenepuru has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager and care centre manager complete quarterly progress reports toward these goals. The 2024 goals have been evaluated, and the village is in the process of implementing goals for 2025 (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data internally and with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>The village manager has attended training in excess of eight hours over the past year related to managing an aged care facility and appropriate to their role.</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</p>	<p>PA Moderate</p>	<p>Summerset on the Landing Kenepuru is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, registered nurses and staff meetings provide an avenue for discussions in relation to</p>

<p>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>(but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions were not always documented, implemented or signed off. Quality data and trends in data are posted on a noticeboard in staff areas.</p> <p>The resident and family/whānau satisfaction survey was completed in April 2025 for Summerset on the Landing Kenepuru and evidenced an overall satisfaction of 79%, an increase from 65% with the previous audit. Results of the satisfaction survey were on the agenda for discussion at the next resident and staff meeting. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was sighted. There is a process of ongoing review of hazards through the electronic system guided by the national health and safety team. Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at care centre level, reported to national level and a consolidated report and analysis of all care centres are then provided to the governance body. Electronic reports are completed for each incident/accident and immediate action is documented; however, not all incidents or accident forms reviewed had been fully completed and closed off as evidenced in the twelve accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. Incident and accident data is collated monthly and analysed.</p> <p>Discussions with the regional quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. These include (but not limited to) reporting related to power outage, change in management, police involvement, pressure injury grade three and above, medication and health and safety risk to resident. There have been two outbreaks since the previous audit. All the outbreaks were well managed and reported appropriately.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The business manager interviewed confirmed staff needs and shortages are reported to the village manager and national senior team. Review of the previous two-week roster does not currently provide sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The village manager, and regional quality manager (temporarily providing clinical oversight) work full time Monday to Friday. The three clinical nurse leads roster ensure a seven-day cover for the service. The service aims to ensure that any absences and sick leave are covered through extending working hours by mutual agreement with employees, use of the casual pool of staff and agency; however, this has not been the case in the rosters reviewed. Residents interviewed confirmed that there is use of agency by the service and their care requirements are attended to in a timely manner. The Summerset Nursing Care Service (NCS) team provide clinical on call cover after hours and on the weekends for the team with escalation to regional quality manager as required. The village manager is on call for any operational concerns.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand – Te Whatu Ora and hospice. Review of the training records since last audit demonstrates that not all staff have completed the required training. Summerset on the Landing Kenepuru supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 49 caregivers employed, 17 have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, syringe driver and interRAI assessment competency. Eight of fourteen registered nurses (including three clinical nurse leads) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training,</p>
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		including critical thinking; infection prevention and control, including Covid-19 preparedness and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. These have been completed, and a record of completion is maintained on an electronic human resources system.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Seven staff files (one clinical nurse lead, one registered nurse, three caregivers, one chef manager and one property manager) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more having a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Six resident files were reviewed: two rest home, two hospital (including one respite), and two memory care. The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>Initial assessments and care plans were completed for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. In five of the six files reviewed the LTCP and interRAI assessments had been completed within three weeks of the residents' admission to the facility. Overall, documented interventions and early warning</p>

	<p>signs meet the residents' assessed needs were recorded in the LTCP. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Plans in Memory Care do not always include individual diversional strategies across the 24-hour period. The previous shortfall (3.2.3) remains ongoing.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes; however, these are not always completed as required. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. A physiotherapist visits the facility weekly and on request, to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, mental health services for older people, palliative care nurse and medical specialists are available as required through Health New Zealand.</p> <p>The initial medical assessment is undertaken by either a nurse practitioner (NP) or general practitioner (GP) within the required timeframe following admission. Residents have timely ongoing reviews by the NP/ GP and when their health status changes. The GP/NP visits weekly and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of medical concerns in a timely manner. The GP/NP is also available after hours for the facility.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken when this</p>
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		<p>was required; however, not all wound assessments have been fully completed as per policy. Where wounds required additional specialist input, this was initiated, and the wound care nurse specialist was consulted. At the time of the audit there were twenty-two active wounds, including three chronic wounds and the remaining skin tears. There were no pressure injuries.</p> <p>Neurological observations are recorded following un-witnessed falls. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss; however, short term care plans have always not been reviewed or interventions transferred to the long- term care plan.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are current. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; behaviour; bowel records; blood glucose levels, food intake charts and fluid balance monitoring. Monitoring charts have not always been completed as per care plan instructions. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications; however, insulin was observed to be given by one staff member without a second-person check. The registered nurses interviewed could describe their role regarding medication management. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy; however, the controlled drug register stock take had not been completed weekly as required.</p> <p>Medications were appropriately stored. The medication rooms and medication fridge temperatures are monitored daily and within acceptable standards. Eyedrops have been dated on opening.</p>

		<p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system, however there were instances where the effectiveness was recorded several hours post administration. There were no residents self-administering their medication. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p> <p>The medication policy clearly outlines those residents, including Māori residents and their whānau, are supported to understand their medications. The clinical nurse lead and registered nurses reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager interviewed reported they accommodate residents' requests, and the kitchen staff reported that the service prepares food that is culturally specific to different cultures.</p> <p>There is a verified food control plan which expires 21 July 2025.</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</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers</p>

<p>supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>to ensure continuity of care. The service uses a standardised transfer form that includes the resident's profile, family/whānau contact numbers and medication chart.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant and equipment are fit for purpose at Summerset on the Landing Kenepuru and comply with legislation relevant to the services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring on 19 September 2025. Any maintenance requests are entered into the electronic maintenance system. This is checked daily and signed off when repairs have been completed. Equipment failure or issues are also recorded in the electronic system. There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	<p>FA</p>	<p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the head of clinical improvement who acts as the national infection prevention and control lead for the Summerset Group. The infection prevention and control programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually (sighted).</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals; however, not all staff have completed the</p>

<p>and scope of our services.</p>		<p>required training (link 2.3.4). Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Infection Prevention and Control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database; however, these have not always been closed off when completed (link 2.2.5). Surveillance of all infections (including organisms) is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections of concern are reported to the head of clinical improvement and discussed at the monthly national infection control meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement; however, these have not been fully implemented (2.2.2). The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been two outbreaks reported since the last audit: Covid-19 and scabies both in February 2025. Both outbreaks were contained, well managed and reported appropriately. Daily outbreak meetings occurred.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and are approved by head of clinical improvement. Restraint use within Summerset Group is discussed and monitored at the national clinical review meeting. There is also a national restraint group which monitors restraint use and/or that restraint</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>free strategies are maintained.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is the registered nurse.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques (link: 2.3.4). Restraint competencies are completed as part of training.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Summerset on the Landing Kenepuru is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, registered nurses and staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education.</p> <p>Review of the meeting minutes show evidence that where actions have been</p>	<p>(i). Corrective actions from meeting minutes have not been consistently documented and there is no evidence of sign off when completed.</p> <p>(ii). Internal audit corrective actions have not always been documented.</p> <p>(iii). Where corrective actions have been documented there is no evidence of being signed off when completed</p> <p>(iv). Internal audit forms have not been consistently signed off by the care centre manager/village manager</p>	<p>(i)-(iii) Ensure corrective actions are documented, implemented and signed off when completed.</p> <p>(iv). Ensure the internal audit forms are fully completed.</p> <p>60 days</p>

		identified, these are not always carried through to the next meeting to evidence actioning and sign off as applicable when completed. Internal audits have been completed as scheduled; however, four audits did not have corrective actions documented, eleven audits did not have evidence of corrective actions being signed off when completed and audit forms were not always signed off by the care centre manager or village manager.		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>When there is an accident or incident, electronic reports are completed by staff, with evidence of registered nurse follow up and immediate action is documented. At the time of the audit there were three events related to infections in April 2025 that had not been closed off. A behaviour related incident involving two residents had one accident / incident form documented for one resident, but no accident/incident form was documented for the other resident.</p> <p>Results from accidents/incidents are discussed in the health and safety, quality improvement and staff meetings and at handover. Incident and accident data is collated monthly and analysed.</p>	<p>(i). Three events related to infections in April 2025 have not been closed off.</p> <p>(ii). Behaviour related incident involving two residents has one accident/incident form documented for one resident but no corresponding accident/incident form for the second resident.</p>	<p>(i). Ensure that events are closed off.</p> <p>(ii). Ensure that there are separate accident/incident forms documented where an accident/incident involves two or more residents.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure</p>	PA Low	There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change	Review of the roster confirms eight caregiver shifts over a two-week period when staff have not been	Ensure there are sufficient staff at all times to provide

<p>there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>and outbreak management. The business manager interviewed confirmed staff needs and shortages are reported to the village manager and national senior team. At the time of the audit the previous two-week roster was reviewed and evidenced eight caregiver shifts where staff had not been replaced when they rang in sick.</p> <p>At the time of the audit the service was orientating three new caregivers to ensure enough staff are available to cover the roster.</p>	<p>replaced to cover sick leave.</p>	<p>culturally and clinically safe service.</p> <p>90 days</p>
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural awareness training. Review of the training records demonstrates that not all staff have completed the required mandatory training since last audit. Most of the training had completion rates between 20% and 75% with the majority sitting in the 40% range of staff who had completed the training.</p> <p>External training opportunities for care staff includes training through Health New Zealand – Te Whatu Ora and hospice.</p>	<p>Review of the records indicate a low compliance rate with completion of the required mandatory training.</p>	<p>Ensure that all staff complete the required training to support their ongoing learning and development so they can provide high quality safe service.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development</p>	<p>PA Moderate</p>	<p>Initial assessments and long-term care plans are developed with information</p>	<p>(i). One rest home resident did not have an interRAI assessment</p>	<p>(i). Ensure interRAI assessment is</p>

<p>of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>gathered during the initial assessments and the interRAI assessment. In five of the six files reviewed the long-term care plan and interRAI assessments had been completed within three weeks of the residents' admission to the facility. Oral health is a required aspect of the assessment and care planning process. Activity plans are developed with residents and family and the goals identified in the long-term care plan; however not all care plan interventions were detailed to guide staff, and not all monitoring charts were completed as per care plan instructions.</p>	<p>completed until 12 weeks after admission.</p> <p>(ii). Two rest home resident care plans showed no assessment or care planning for oral health.</p> <p>(iii). One rest home resident with a 10kg weight loss since admission six months ago had a). No interventions addressing this documented in the care plan. b). A malnutrition assessment had not been completed since December 2024 and, c). The malnutrition assessment identified a low risk despite 10% weight loss in one month.</p> <p>(iv). Three memory care resident care plans did not have sufficient diversional strategies (including: diversion, motivation, and recreation) across the 24-hour period.</p> <p>(v). One rest home resident did not have a food and fluid chart completed as per care plan instructions.</p>	<p>completed within three weeks of admission.</p> <p>(ii). Ensure oral assessment and care planning is included in the long-term care planning process.</p> <p>(iii). Ensure detailed interventions are recorded that support resident need.</p> <p>(iv). Ensure activity plans in memory care are individualised to support the 24-hour period.</p> <p>(v). Ensure food and fluid charts are completed as per care plan instructions.</p> <p>60 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Short-term care plans are developed for acute problems such as infections, wounds, and weight loss; however, one infection event reviewed did not have a short-term care plan developed.</p> <p>The short-term wound plans are used for wounds and skin tears. The plans include the product used to dress the wound, the frequency of re-dressing and photographs, and initial measurements; however, for one hospital wound care plan there were no wound measurements documented.</p>	<p>(i). One infection event did not have a short-term care plan developed.</p> <p>(ii). One hospital resident with a wound plan did not include ongoing wound measurement as part of the wound monitoring and management.</p>	<p>(i)-(ii). Ensure short term care plans and wound care plans are completed according to policy.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of</p>	<p>PA Moderate</p>	<p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse.</p> <p>Short-term care plans are evaluated and either resolved or transferred to the long-term care plan; however, three short term care plans reviewed were</p>	<p>(i). Three short term care plans reviewed were not evaluated or transferred to the long-term plan after three weeks.</p> <p>(ii). In two memory care files evaluation of long-term care plan goals were not evidenced.</p>	<p>(i)-(ii). Ensure evaluations are completed for both short-term and long-term care plans.</p> <p>60 days</p>

<p>outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>not evaluated or transferred to the long-term care plan. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse; however, care plan evaluations were not completed for two memory care files.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A medication management system is being implemented with policies in place to guide practice. GP/NP review of resident medications occur three monthly including PRN medication. When PRN analgesia is given, the effectiveness was consistently documented in the electronic medication management system, however there were instances where the effectiveness of PRN analgesia was recorded several hours post administration. For one resident in memory care prn analgesia was recorded as given at 1330 hours and effectiveness recorded at 1724 and for</p>	<p>(i). Insulin administration observed during the medication round did not show a two person check process as per policy. (ii). The controlled drug register in the care centre shows that weekly stocktake has not been completed consistently. (iii). There has been a delayed follow-up on the effectiveness of PRN medicines on two occasions sighted in the medication administration record (one in memory care and one in hospital</p>	<p>(i)-(iii). Ensure compliance with medication policy and legislative requirements. 60 days</p>

		<p>one hospital level care resident PRN analgesia was recorded as given at 2213 and effectiveness recorded at 0517.</p> <p>Controlled drugs are stored in a safe. Controlled drug registers had not been completed weekly as per policy for four medicines reviewed in the month of May 2025.</p> <p>Medication administration was observed during the audit. Administration of insulin at the lunch time medication round in the care centre did not evidence the two person check process as per policy.</p>	<p>level care).</p>	
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.