

Summerset Care Limited - Summerset by the Lake

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 by the Lake

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 15 May 2025 End date: 15 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: 15

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 by the Lake provides rest home level care for up to 19 residents. On the day of the audit, there were 15 residents.

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

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

The certification audit identified that the service meets the Standard. This certification audit has resulted in continuous improvement ratings around person centred care and food service.

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.

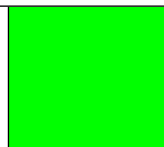
Summerset by the Lake provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview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

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village and sales manager is supported by a clinical manager who oversees the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset by the Lake 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 by the Lake collates clinical indicator data and benchmarking occurs.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

There are human resources policies including recruitment, selection, orientation and staff training and development. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical manager efficiently manages the entry process to the service. Admissions are managed by the clinical manager, registered nurse and the general practitioner or 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 care givers are responsible for

administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or 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 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.
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The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. A preventative and reactive maintenance schedule is implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is sufficient provision of toilets and bathroom facilities for residents, staff and visitors. Privacy signs are clearly visible. Resident rooms are personalised.

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

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

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

Subsections applicable to this service fully attained.

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Summerset by the Lake is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. All staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumatua from Tu Wharetoa iwi and Waitahanui Marae for Māori staff and residents' cultural support. Summerset by the Lake also links with their own Māori staff advisor (interviewed on the day of the audit) who can provide interpreting support or contact kaumatua within the iwi when required. Residents and family/whānau at Summerset by the Lake engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. There are cultural assessments available that can be completed for residents who identify as Māori when admitted.</p>

		<p>Summerset focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents in the care centre. The village and sales manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at Summerset. At the time of the audit there were staff who identified as Māori. Summerset by the Lake evidence commitment to a culturally diverse workforce as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with eight staff (two caregivers, one registered nurses, one kitchen manager, one cook, one Pasifika advisor, one diversional therapist, and one property manager) and three managers (village and sales manager, clinical manager and regional quality manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing family/whānau and provide high quality healthcare.</p> <p>At the time of the audit there were no residents who identified as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their family/whānau.</p> <p>Registered nurses interviewed explained family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The village and sales manager and clinical manager stated Pacific</p>

		<p>peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset by the Lake links in with the Pacific health service through Health New Zealand and has a Pasifika staff representative (interviewed on the day of audit) and external Pasifika advisor who all ensure connectivity within the region. The Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are accessible in Tongan and Samoan when required.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff that identified as Pasifika. The village and sales manager described how Summerset by the Lake continues to provide equitable employment opportunities for the Pacific community. Interviews with staff, management, six residents and five family/whānau and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager and village and sales manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings and advocacy meetings. Residents, family/whānau and the resident advocate interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and details of the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan</p>

		<p>that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Summerset by the Lake training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were no married couples at the time of the audit. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support</p>

		<p>is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village and sales manager, clinical manager and staff have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The diversional therapist confirmed that the service actively supports Te ao Māori by identifying needs and aspirations which include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Summerset by the Lake policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions.</p> <p>Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork.</p>

		<p>Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. Advocacy and resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All correspondence is documented in the residents file. Resident files reviewed identified family/whānau are kept informed of any changes and adverse events, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical manager and registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails and newsletters. Staff have completed education related to communication with residents with speech impediments and</p>

		cognitive disabilities.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreements are appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner or nurse practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring</p>

		power of attorney as part of orientation and mandatory training.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village and sales manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There has been one internal complaint received since last audit. Corrective actions related to the complaint resulted in a quality improvement project around food service (link to CI 3.5.1). The complaint was documented as resolved to the satisfaction of the complainants. Follow up and resolution letters link to the national advocacy service. There has been no external complaint received.</p> <p>All complaints received and subsequent corrective actions have been discussed in the quality improvement and staff meetings. Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Advocacy meetings and resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Rights and complaints posters and information are visible and available in te reo Māori and English.</p> <p>Interview with the village and sales manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village and sales manager acknowledged their understanding that for Māori, there is a</p>

		preference to include whānau participation.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset by the Lake is located in Taupo and certified to provide rest home level of care for up to 19 residents. There is one dedicated rest home bed and 18 serviced apartments. There are no shared/double rooms. At the time of the audit there were 15 residents all under the age-related residential care (ARRC) contract.</p> <p>The overall management is provided by a village and sales manager, a registered nurse, who has many years of management of aged care services in New Zealand and abroad. The village and sales manager attends local meetings related to aged care and Summerset leadership training sessions. The village and sales manager is supported by a clinical manager, a registered nurse, who has been in the role for two years but with years of experience in senior clinical positions in aged care. The management team is supported by a fulltime registered nurse, caregivers, kitchen, activities, maintenance and administration staff. The management team reports stable staff with very low turnover since last audit.</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. Members of the committee include head 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 and there 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 (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 committee all complete training provided in Summersets learning platform I-learn on Te Tiriti,</p>

	<p>Māori and Pacific Health (which includes equity), and cultural safety. The head of clinical delivery is a graduate of the Te Kaa Programme. Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. The registered nurse and clinical manager work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</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. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Summerset by the Lake has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village and sales manager and clinical 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 and sales manager and the clinical manager have attended training in excess of eight hours over the past year related</p>
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		<p>to managing an aged care facility and appropriate to their roles. The village and sales manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.</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 by the Lake is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, registered nurse and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, resident meetings, staff meetings and collation of data were documented as taking place. Family/whānau meetings and advocacy meetings have been completed. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and family/whānau satisfaction surveys has been completed for Summerset by the Lake and evidence a very good return rate and a score of 100% satisfaction with all areas surveyed an increase from the previous 86%. These results have Summerset by the Lake sitting on a net promotor score of 89 when Summerset organisation average score is 50. The outcome of the surveys have been discussed with staff, residents and family/whānau .</p> <p>Summerset by the Lake implements a continuous quality improvement approach with service delivery including critical review</p>

		<p>of clinical data and benchmarking and identifying opportunities for improvement. Continuous improvements have been awarded improving for person centred care (link 3.2.2) and food services (3.5.3) and these demonstrate improved outcomes for the residents.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Three health and safety committee members have completed the required external training for health and safety officers. Hazard identification forms are completed electronically, and an up-to-date hazard register was sighted. There is a process of ongoing review of hazards through an electronic system as 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 facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffroom keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been one serious injury since last audit reported to Worksafe in December 2024, and a return-to-work programme was underway for the staff member at the time of the audit.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village and sales manager and clinical manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Somerset facilities and other aged care provider groups.</p> <p>Discussions with the village and sales manager and clinical manager evidenced awareness of their requirement to notify relevant</p>
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		<p>authorities in relation to essential notifications. There have been section 31 reports completed, and no Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC) since the facility started operating. There have been outbreaks since last audit which were appropriately reported.</p> <p>Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village and sales manager interviewed confirmed staff needs and shortages are reported to the national senior team. Review of the previous two-week roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is no use of agency staff. The service contacts own staff and those on the casual pool to cover short notice absences. Any absences and sick leave are covered by extending working hours through mutual agreement with employees or use of the casual pool of staff. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced that there is a registered nurse Monday to Friday for eight hours a day. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Village call bells ring on a pager allocated to staff in the main building and a first aider will respond to bells if required.</p> <p>The managers (village and sales manager and clinical manager) all work full time Monday to Friday. The village and sales manager and the clinical manager share the on-call cover for the facility. There is</p>

		<p>always a regional quality manager on call to provide support for the facilities and a registered nurse from the national clinical services team (NCS) is available to provide clinical support for staff after hours and on the weekends. There are separate staff dedicated to recreation and kitchen. Grounds and maintenance staff are rostered over five days with on call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and ongoing as part of the training schedule. Review of attendance and completion records demonstrates a 100% compliance by all staff with the mandatory training and competencies. External training opportunities for care staff include training through Health New Zealand and online best practice resource. Learning content provides staff with up-to-date information on Māori health outcomes and disparities and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset by the Lake supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 12 caregivers employed in total. Six caregivers have achieved level 4, three have completed level 3 and two have completed level 2 NZQA qualification. A record of completion is maintained on an electronic human resources system.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, subcutaneous fluids, syringe driver and interRAI assessments. Both the registered nurse and the clinical manager are interRAI trained. The clinical manager and the registered nurse attend in-service training and complete additional training, including critical thinking; infection prevention and control, identifying and assessing the unwell</p>
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		<p>resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and transferring, culture, and handwashing. All the caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The 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. Staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files (one clinical manager, two caregivers, one kitchen manager, and one diversional therapist) reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including but not limited to registered nurses, general practitioner, nurse practitioner, dietitian, podiatrist, pharmacists and physiotherapist. There is an appraisal policy in place and an appraisal schedule maintained by the clinical manager and the village and sales manager. Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the</p>

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

<p>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>		<p>information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The village and sales manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process. Declining entry would be if the service had no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Māori staff have been supported to establish and maintain links with local Māori. Contact details are readily accessible for staff. The service has information available for Māori, in English and in te reo Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident records were sampled. The registered nurse completes the assessments care planning and evaluation of care with support from the clinical manager. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment.</p> <p>All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are</p>

		<p>formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting the desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. Staff confirmed that should any Māori residents be admitted they would have a Māori health plan developed which describes the support required to meet their needs. The service operates in such a way that barriers are removed so all residents have access to information and services required to promote independence and work alongside the residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the general practitioner or nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner or nurse practitioner within required timeframes and when their health status changes. There is one general practitioner who visits every two months with communication in between times and additional visits where required. A nurse practitioner visits monthly with regular communication in-between clinics. Medical documentation and records reviewed were current. After hours care is provided by the emergency services and the local public hospital when needed. When interviewed the general practitioner and nurse practitioner were complimentary regarding the standard of care and clinical leadership. A contracted physiotherapist operates a monthly clinic on site. A dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Residents are taken into town to see a podiatrist as required.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one diversional therapist, and they deliver the activities programme five days per week. Volunteers provide a basic activity programme on Saturdays with a dedicated caregiver providing a Sunday programme. Care staff support the programme seven days per week. All activities staff have current first aid certificates.</p> <p>The programme is supported by the various church groups and entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a resident and family newsletter produced monthly that keeps residents and family/whānau updated regarding the activity programme, staff updates and photos of events held over the preceding month. The bulletin is available at different places throughout the facility. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in</p>

		<p>entertainment and singing, craft, participation in Māori language week, and Matariki. Māori staff participate and support these activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, book/newspaper reading, reminiscing or they are supported to engage in exercise. There are two lounges and sunrooms where residents and families/whānau can enjoy quiet time, meet as a small group and access books/games.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career history, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; hand pampering; bingo; happy hour and cooking.</p> <p>There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings occurring as per schedule run by the village and sales manager and clinical manager. An additional resident family/whānau meeting is run by the facility advocate. The outcome of which is shared with management. Family/whānau are welcome to attend these. Residents have an opportunity to provide feedback on activities at the meetings, six-monthly reviews and ad hoc through staff. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>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>

<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>Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Caregivers interviewed could describe their role regarding medication administration. Summerset at the Lake uses robotic packs for regular use and 'as required' medications. Some short course medication is provided in separate packaging. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the only medication room. The medication trolley is 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 within expiry date.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were two residents self-administering their medication on the day of audit. Policy and procedure had been followed that ensured the residents had been assessed as competent by the general practitioner or nurse practitioner, and medications were securely stored. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent registered nurse and caregivers 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 manager and registered nurse described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their</p>
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		medications when required.
<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>All meals are all 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 30 November 2025. Dry ingredients were decanted into containers for ease of access. Dry goods evidenced a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The chef manager is supported by two part-time cooks.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the clinical manager or registered nurse and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident’s profiles had been reviewed and regularly updated. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The residents are given the menu options ahead of time and inform the kitchen staff of their choices. The daily menu is displayed throughout the facility as a reminder. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>Staff interviewed were fully aware of tikanga guidelines and had contributed to the implementation of the guidelines in daily practice. The chef manager oversees the completion of fridge and freezer temperatures recordings through their electronic monitoring system. 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. Meals are transported to the main dining rooms in scan boxes. Residents were observed enjoying the social aspect of the meal service. Staff were observed to be within proximity should any resident require any assistance with their meals. Food services staff have all completed food safety and hygiene courses.</p>

		<p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings, resident surveys and ad hoc with care and kitchen staff. There is adequate food supply available for each resident for minimum of three days.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The facility utilises the Health New Zealand "yellow envelope" scheme to ensure sufficient detail is shared with other agencies and the transition is safe. The residents and their family/whānau were involved in all transfers and discharges to and from the service. Discharge notes are uploaded on the system and discharge instructions are incorporated into the care plan. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. Residents are transported to the accident and emergency department in an ambulance for acute situations. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The discharge planning included risk mitigation and the current needs of the resident.</p> <p>Referrals to seek specialist input for non-urgent services are completed by the general practitioner or nurse practitioner, clinical manager and registered nurse.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p>	<p>FA</p>	<p>The building holds a current warrant of fitness. A property manager (interviewed) and two property assistants address day to day repairs and complete planned maintenance. There is an electronic maintenance request system for repairs and maintenance requests. This is checked daily and signed off when repairs have been</p>

<p>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>completed. There is an annual maintenance plan that includes electrical testing and tagging. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The care areas are on a ground level building with easy access to the gardens which were noted to have been maintained to a high standard. Two full time gardeners maintain gardens with another tasked with keeping the lawns mown. The outdoor areas provide outdoor seating, shaded areas and garden beds. Communal areas are spacious for the residents. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The registered nurse stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. All resident bedrooms contain a full ensuite. There are sufficient numbers of staff and visitor toilets. Additional bathrooms are available for residents throughout the facility. Privacy locks are in place. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by underfloor heating and large heat pumps throughout the facility. All resident rooms have individual heating, external windows and are well ventilated. All residents interviewed were complimentary regarding the maintenance/cleaning, spaciousness and layouts of their rooms. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility.</p> <p>The service has no plans to build or extend the care centre; however, the organisation has knowledge of the need to follow a co-design</p>
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		<p>approach which ensures that the aspirations and identity of Māori are reflected in any future additions to the care centre.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 16 August 2011. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back- up generator available, a bar-b-que and extra gas bottles to support the emergency cooking resources if power is disrupted for longer periods of time.</p> <p>There is adequate food and water supplies available for each resident for minimum of three days. All of which are monitored and maintained to ensure supplies are regularly emptied and replenished as part of the annual maintenance schedule. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways and the nurse's station to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents interviewed stated they rarely need to use their call bell however were happy with response times when they did. Staff perform a security check each evening and the main gates are locked on dusk. The provider has systems in place that ensures all emergency and security arrangements are provided to all people using the services. The audit team were informed of these on day of the audit.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme, policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team. Expertise and advice are sought from the general practitioner, nurse practitioner, Health New Zealand infection control team and experts from the local public health as and when required. The infection prevention and control (IPC) coordinator coordinates the clinical review meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset by the Lake business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Infection rates are discussed bimonthly at the national clinical review meeting. The national clinical review group provides clinical governance over the care and clinical systems for Summerset operations including infection prevention and control and antimicrobial stewardship programmes. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager (a registered nurse) is the infection prevention and control (IPC) coordinator, who leads, oversees and coordinates the implementation of the infection control programme. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed online external education on infection prevention and control for clinical staff (April 2025). They have access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by</p>

	<p>the national clinical review group and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided during outbreaks and to keep updated with current best practice. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Health New Zealand. The IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. The last infection control audits completed in December 2024 and January 2025 demonstrated compliance with expected guidelines. Care delivery, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitisers were available. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the</p>
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		<p>body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The clinical manager reported that where residents who identify as Māori were in care they will be consulted on infection control requirements as required. The service has printed off educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial programme was approved by the national quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner and nurse practitioner have overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the national infection prevention and control group (which includes the IPC coordinator from each care centre), with a particular focus on infections that do and don't meet the infection surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and antimicrobial stewardship review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</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-</p>	<p>FA</p>	<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 as indicated. Interview with the infection prevention and control coordinator confirmed that the service has a process for identifying opportunities for improvement and implementing continuous quality improvement and well-being of the residents. The</p>

<p>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>healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry and hand hygiene. Relevant corrective actions were identified as indicated with evidence of sign off when completed. Records of monthly data sighted confirmed very low numbers of infections for Summerset by the Lake since last audit. The monthly report provides opportunity to compare infections with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other Summerset facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes and from interviews with family/whānau . There have been two outbreaks reported since last audit: Covid-19 in June 2024 and Norovirus in September 2024. All the outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported appropriately.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaning areas. Cleaning products were in labelled bottles. All cleaning is completed by caregivers as part of their daily routines. Staff ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There is one sluice room with a sanitiser and separate handwashing facilities.</p>

		<p>Cleaning guidelines are provided to meet the needs of the facility and updated as changes are required. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The caregivers are responsible for completing laundry tasks each shift. All the laundry including personal laundry and bed linen is being washed on site. The laundry is delivered to the laundry in colour coded leak proof linen bags. The laundry room is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the care staff have received training and documented guidelines are available.</p> <p>The infection prevention and control coordinator has oversight of Summerset by the Lake testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry and the environment. The care staff demonstrated awareness of the infection prevention and control protocols. Residents and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation and provider are committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the provider works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is a registered nurse. Their job description for the role was sighted. There are no residents listed on the restraint register as using a restraint. When restraint is in use it is reviewed monthly by the restraint coordinator and reported at the clinical meetings and to the national review committee. The resident and/or family/whānau are consulted on the restraint procedures as part of the restraint review processes, and as required.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards</p>

		maintaining a restraint free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	CI	<p>At Summerset by the Lake person centred care is fully embedded and staff bring the best of life for the resident. The service has received excellent satisfaction survey results from residents which demonstrate implementation of person-centred care through the daily work taking a partnership approach with residents and their whānau. Following the release of the Summerset philosophy of care policy and the care charter in July 2024, the staff at Summerset at the Lake started a project to further enhance the delivery of person-centred care to residents.</p>	<p>Following the release of the philosophy of care policy, the service ensured all staff awareness of the policy and discussion of the requirements at the various meetings across the village. The care charter was displayed in the nurses' station, staff room and resident display board to promote awareness and discussed at the resident meeting in September 2024. In addition to ensuring that all residents had an allocated key worker, a buddy system for new residents was introduced.</p> <p>Some of the strategies put in place included providing cares and meals at resident choice of time (for example there is a resident who wakes up at 11am and cares are done then and breakfast given); supporting residents transferring to other facilities due to changes in level of care (example is when staff</p>

			<p>accompanied two separate residents to their new facility for hospital level care and went and celebrated 100th birthday with one of them); treating residents as family/whānau (out for walks, Santa parade floats, carols around the village); and being responsive when residents and family/whānau raise concerns to management. Laundry service had been an area of concern previously, hence the project to ensure that this was not damaged and returned to the residents in a timely manner and good state, this was evidenced by no complaints regarding laundry staff take extra care with resident laundry and return it to them without damage. The service offers transport and companionship for appointments as well as compassion for residents who may be going through hard times.</p> <p>Effectiveness of the measures implemented with the project were measured by the outcome of the satisfaction surveys over time which have revealed an increase in the level of satisfaction from 75% in July 2023 (with net promoter score of 25) to 93% in March 2024 (with net promoter score of 71) and 100% in March 2025 (with net promoter score of 89). The person-centred care audit was completed since the project started showing a 95% compliance in September 2024, 97% in February 2025 and 100% in April 2025.</p> <p>Review of the care plans on the day of the audit, evidenced that they were resident centric, detailed with specific information related to the residents and staff were aware of the individual needs and specific requirements of the residents. Interview with residents and family/whānau on the days of audit revealed comments such as ‘best decision I have made in my life’, “if I had known I would have come here</p>
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			sooner” and “they see xxx beyond their condition and treat xxx like family”. The service continues to receive compliments from residents and family/whānau as well as specialist services from the local hospital.
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>As a result of long standing formal and informal complaints, less than optimal resident survey results, ad hoc negative feedback received from residents and their family/whānau, and residents choosing to have their meals in their room where previously they had eaten in the dining rooms the management team at Summerset at the Lake embarked on a continuous improvement project to improve resident satisfaction with the meal service and dining experience that was to be resident led.</p> <p>The service had tried various improvement projects to address the concerns raised; however, these did not lift the subsequent survey results to a satisfactory level. The management team met as a group to clearly identify the residents’ issues and create an action plan for the project. A residents meeting was held to discuss the issues and inform the residents their feedback was important, and a project was commencing to address their concerns. A resident spokesperson was asked for to be involved as part of the project team. Once this was established the group met on a regular basis to identify the tasks and persons responsible to begin addressing the issues.</p> <p>The following changes were made because of the project: Clearer lines of communication were established between the kitchen team and the residents which saw the head chef serve the meals and have opportunity to liaise with residents during their meals and attend resident meetings; The clinical manager and staff oversees the meal service on a regular basis tasting the</p>	<p>As a result of the continuous project survey results taken over the duration of the project 2022-2025 resident survey results have improved with a 50 percent increase in satisfaction. Negative feedback has changed to compliments. Residents previously dining alone in their rooms have come back to the dining room. Residents interviewed during the audit expressed satisfaction with all meals, the social aspect of the dining experience and reported they feel their feedback is valued within the facility.</p>

		<p>food and sitting with residents to chat about their thoughts about the meal of the day; Evening and weekend meals feedback and photos are sent to the clinical manager; The Summerset regional food lead was involved in the project and visited the facility frequently providing feedback and suggestions to assist the project; The menu was reviewed to remove the options residents found most distasteful which residents were involved in; The changes were sent to a dietitian and received approval; Changes were made to the décor of the dining room in line with resident's request; Resident/family/whānau meetings have an addendum to the agenda that ensures residents are kept informed of the projects progress and provide any further concerns or feedback they wish to discuss.</p>	
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End of the report.