

Summerset Care Limited - Summerset at Wigram

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset at Wigram
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 June 2025 End date: 19 June 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:	49

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
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Summerset at Wigram is part of the Summerset Group of retirement villages and aged care facilities. Summerset at Wigram is a spacious, purpose-built facility and provides hospital (geriatric and medical), and rest home levels of care for up to 69 residents. There were 49 residents on the day of audit. Summerset Group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

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

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

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

This certification audit identified the service meets the Standard.

A continuous improvement rating is awarded for the implementation of the `Workplace of Tomorrow` project and reduction in falls.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

benchmarking occurs. There are human resource policies including recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard and risk reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Most rooms have full ensuites with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

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

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

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

Subsections applicable to this service fully attained.

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	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, which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents or staff who identified as Māori. Summerset at Wigram is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with the local iwi, and Rehua marae and Te Puawaitanga ki Otautahi Trust for guidance and support.</p> <p>Summerset at Wigram evidence commitment to a culturally diverse workforce, as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents and family/whānau are involved in providing input into the resident's care planning.</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 Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare. There were staff; however, no residents that identified as Pasifika at the time of the audit. Recruitment processes evidence an equitable process to recruit, train, and retain a Pacific workforce.</p> <p>Summerset at Wigram has links with local organisations (including a Samoan practice) to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people, to improve wellbeing outcomes. Interviews with thirteen staff (four caregivers, including a care coordinator, three registered nurses (RN), one diversional therapist (DT), one kaitiaki, one lead chef, one laundry assistant, one housekeeper and one property manager), and three managers (village manager, care centre manager [CCM], and one regional quality manager), and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead, supported by the care centre manager, discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings and quarterly family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Health and Disability Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education</p>

		<p>and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Eight residents (four hospital, four rest home) and seven family/whānau (four rest home and three hospital level) interviewed reported that the service is upholding the residents' rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice, and their own preferences are respected. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Summerset at Wigram's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction survey results (March 2025) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged, as evidenced in the goals of the care plans and interviews. Residents' files and care plans identified resident's preferred names.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for</p>

		<p>residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The diversional therapist confirmed that when Māori residents are admitted, the service actively support Māori by identifying needs and aspirations through a cultural assessment process.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Summerset at Wigram's policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment and bullying. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a 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 regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is documented in resident files. The general practitioner stated that notification of unwell residents or any referrals are communicated in a timely manner, and the RNs use the Identify, Situation, Background, Assessment and Recommendation (ISBAR) tool.</p> <p>Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak English. Staff interviewed could demonstrate effective communication strategies, which including dual language written material and image cards, and the use of electronic translation resources. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Nurse Maude and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters and resident and family/whānau meetings.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were activated where appropriate, and all associated documentation was evident in resident files. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager and CCM maintain a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating. There have been two complaints received since the previous audit in June 2023, for which an acknowledgement, investigation, follow up and completed final resolution letter was sent to the complainant. There are two HDC complaints documented (one for 2021 and one for 2023).</p> <p>The Ministry requested follow up against aspects related to criterion 1.6.2 (Escalation of care to GP is undertaken as necessary); criterion</p>

		<p>1.7.4 (Family is updated of the resident's condition as necessary); criterion 2.2.5 (Incident reports are completed for adverse events); criterion 2.3.3 (Training sessions to care staff for the following has been provided: ISBAR communication tool, Stop and Watch tool, pain management, falls prevention and management, wound management, HDC's online training modules); criterion 3.2.3 (Comprehensive assessments are undertaken for residents including falls risk assessment, pain assessment (as required), and wound assessment and management (as required) and the progress notes and the care plan reflect the patients' needs) for the HDC complaint of 2021.</p> <p>There were no identified issues in respect of this complaint; the facility has completed all the training as required and is within the timeframe of reporting back to HDC. The HDC complaint of 2023 remains open, and the facility has provided the required responses within the required timeframes. This HDC complaint remains open.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support, when they are not satisfied with the outcome. Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Resident meetings are held monthly, and family/whānau meetings are held quarterly, where concerns can be raised. Family/whānau confirmed during interview that the management are available to listen to concerns and act promptly on issues raised.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>
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<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset at Wigram is certified to provide hospital (medical and geriatric), and rest home levels of care for up to 69 residents. On level one, there are 49 dual-purpose rooms, including three double rooms available for couples. There are 20 serviced apartments certified for rest home level care.</p> <p>On the day of the audit there were 49 residents requiring care. There were 26 at rest home level, including six residents in the serviced apartments and one resident on respite care; and 23 at hospital level, including three residents on a long-term support-chronic health contract (LTS-CHC) and one resident on a palliative care contract. All remaining residents are funded through the Age Related Residential Care Agreement (ARRC). All rooms were singly occupied at the time of audit.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the General Manager (GM) of Clinical Services, who reports to the GM of Operations. Members of the group include the 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 Māori representation on the group.</p> <p>Members of the National Clinical Review Group (governing body for clinical) have completed training provided in Summerset’s learning platform (iLearn) on Te Tiriti o Waitangi, health equity and cultural safety. There are terms of reference for the National Clinical Review Group. The Chair of Summerset’s Clinical Governance Committee holds degrees in law, medicine, bioethics and public health, and has completed a Harkness Fellowship in Healthcare Policy at Harvard University.</p> <p>All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a quality and risk management programme, and a strategic plan documented based on</p>
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		<p>the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed and used by the Summerset management team to identify barriers to care, to improve outcomes for all residents.</p> <p>The village manager (non-clinical) has an extensive background in operations management in the medical and education sector. They have been in the role for a week and reported that a comprehensive orientation programme is provided to them. The village manager is supported by a care centre manager, who has been in their role since August 2023. The management team is supported by a newly appointed business manager and regional quality manager (present at the time of the audit). The regional quality manager reports to the Head of Clinical Delivery. Within the Village, the care centre manager reports to the village manager. The village manager reports to the Group Operations Manager, who provide operations and business oversight.</p> <p>Cultural safety is embedded within the business plan 2025, quality plan, and staff training. The current business plan for Summerset at Wigram describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care; health and safety; dementia friendly; food services; customer experience; staff satisfaction; workforce development; and sustainability and social responsibility.</p> <p>The CCM has completed the required training hours related to the management of a care facility and include leadership training with topics on conflict management, change management, complaints management, cultural safety and code of ethics.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset at Wigram is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and also emailed to staff's work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which are available on the Summerset's intranet, that guides staff in the provision of care and services. A resident and family/whānau satisfaction survey was last completed in March 2025. The survey evidence overall satisfaction on the areas surveyed, there were no corrective actions required as a result of the survey. However, there is a national Summerset project to improve overall call bell response within their facilities. Overall satisfaction rate for Summerset at Wigram was at 94% (previously 50%), and an improved net promoter score of 58 [previously 50] (benchmark 40). A continuous improvement rating is awarded for the implementation of the 'Workplace of Tomorrow' project (link 2.3.3) and reduction in falls.</p> <p>A health and safety system is in place. Health and safety is managed by the Operations Health and Safety Committee, which reports to the National Health and Safety Committee for Summerset. The property</p>
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	<p>manager is the health and safety manager for Somerset at Wigram. There is a site health and safety committee, with representatives from each department that meets monthly. Hazard identification forms are completed electronically and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the themes raised. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Somerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Events policy and procedure has been updated to reflect SAC (severity assessment code) 1 and SAC 2 events reporting procedure to the Health Quality and Safety Commission. There have been Section 31 notifications and SAC reports completed as required. There have been three</p>
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		outbreaks since the previous audit, which were reported and notified appropriately. Change in management was notified as required.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week Monday to Friday. The nursing care service (NCS) team is on call 24/7 for any clinical issues, with support from the CCM. Summerset Wigram has been awarded a continuous improvement rating for the successful implementation of the project `Workplace of tomorrow` care delivery model, that has evolved further in 2025. The project introduces a care coordinator (level 4 caregiver) that provides shift coordination and support for the caregivers; they are allocated to morning and afternoon shift to assist the RNs, and is the primary caregiver for complex residents, including those on palliative care. They also arrange the task list and work allocation. The business manager supports the CCM with administrative tasks, include rostering and entry to care.</p> <p>A serviced apartment coordinator coordinates the care for the residents in the serviced apartments. The village manager is on call 24/7 for any operational queries. The senior RN will provide clinical oversight in the absence of the CCM.</p> <p>The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The serviced apartment has a service apartment coordinator and caregivers allocated across all shifts. The roster reviewed evidenced RN cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. A Kaitiaki role provides support for the wellbeing team and caregivers seven days a week. There are separate staff dedicated to recreation, cleaning, and</p>

		<p>laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 28 caregivers employed in total. Twenty-five caregivers have achieved level 3 or 4, and three have completed level 2 NZQA qualification. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, hand hygiene, and personal protective equipment (PPE) donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented. All RNs are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies and include syringe driver and interRAI assessment competency. Eight of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>Training and education records evidence training sessions to care</p>
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		<p>staff for the following has been provided: ISBAR communication tool; Stop and Watch tool; pain management; falls prevention and management; wound management; and three online training modules through the HDC website.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset at Wigram is supported by a People and Culture team for recruitment processes. Nine staff files reviewed (including three RNs, three caregivers, kaitiaki, laundry assistant, and the diversional therapist), evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>All performance appraisals were being completed as per the appraisal schedule. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to</p>

		work documented.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Policies are in place and guide the management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. The admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The care centre manager and business manager are available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if</p>

		<p>admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori, who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and employment opportunities.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were reviewed for this audit: four hospital residents, including one resident on a LTS-CHC contract; and three rest home level, including a respite level resident, and one resident living in a serviced apartments. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting, when the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is available to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. In the files reviewed that required interRAI assessments and long-term care plans, these were completed within timeframes required. The resident on the LTS-CHC contract had an interRAI assessment completed. The resident on respite had appropriate risk assessments completed, and a care plan documented. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the</p>

	<p>service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed, which met the required timeframes. The residents' evaluations were reviewed with documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>Two general practitioners visit weekly from a local practice and ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The medical practice provides on-call service for after hours and on the weekend. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency. The general practitioner was complimentary of the clinical assessment skills, as well as quality of referrals received from the registered nurses after hours. The general practitioner stated the RNs utilise the ISBAR tool well.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who visits twice weekly for four hours per day. A podiatrist visits every fortnight and a dietitian, speech language therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses add to the progress notes if there are any incidents, and the general practitioner will visit if there are changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When there are changes in a residents' condition, the staff alert the registered nurse, who then initiates a review with a</p>
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		<p>general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the residents' progress notes.</p> <p>A wound register is maintained. There were seven wounds (on the day of audit), including a stage II pressure injury and minor skin tears. The wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs, to show healing progression where required. The registered nurses reported the wound care specialist has input into chronic wounds and any pressure injuries when they do occur. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted).</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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>	<p>FA</p>	<p>One diversional therapist and two kaitiaki (there is one vacancy for a kaitiaki) deliver the programme seven days per week. The activities team have current first aid certificates. The programme is supported by the kaitiaki, caregivers, community groups, pastoral care, and volunteers. The care centre activities programme is available to the serviced apartment residents, and residents interviewed said they attend sessions there as well as the village activities programme. The monthly programme is printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. Further to this, the daily programme is written on the whiteboard in the lounge.</p>

		<p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which all residents get a copy of. The activity team facilitate opportunities to participate in te reo Māori, incorporating it in the monthly and weekly programme, as well as in entertainment and singing, craft, participation in Te Wiki o te reo Māori and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. The residents' social and cultural profile includes past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and cooking. There are one or two weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities, such as manicures, hand massage, and newspaper reading are offered. There is a large lounge and a number of smaller ones (including a jigsaw area), where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. There is a well-placed sensory garden on the balcony.</p> <p>Resident meetings are facilitated by the care centre manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The medication management system uses robotic roles for regular use and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photographic identification and allergy status identified. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines, can do so safely. There were residents who were self-administering their medications, and all appropriate consents were in place, and were being reviewed as per policy. PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side</p>
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		<p>effects. This is documented in the progress notes.</p> <p>The care centre manager and registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access, with all dry goods evidencing a decanting and/or expiry date. The four weekly seasonal menu is reviewed after each season, with the new winter menu in place. The chef manager is supported by three chefs, kitchen and cafe assistants. All kitchen staff have completed safe food handling and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager has access to the nutrition aspects of the electronic resident information. Residents’ nutritional profiles had been reviewed and updated as required. The menu has a two-choice process that is completed weekly, as well as soup and sandwiches being available for residents. Other alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal, plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process; these are all within safe</p>

		<p>limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served in the main dining room by the chef from a bain-marie. Other meals are transported to the dining rooms and residents' rooms in temperature-controlled scan boxes. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. On the day of audit, meals were observed to be well presented and the dining experience and environment to be safe and pleasurable.</p> <p>The 2024 food survey recorded 90% of residents were satisfied/very satisfied with food services. Residents and family/whānau confirmed this when interviewed and were complimentary regarding the food service, including the recently introduced choice menu. Residents are able to provide feedback at resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the general practitioner. Family/whānau are asked to accompany residents to appointments and the hospital, if they are not available, an escort is provided. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation, including the national yellow envelope transfer system, and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health</p>

		<p>and/or disability service providers. Social support or kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, and transfer or discharge, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is inclusive of people's culture and supports cultural practices and residents personalise their rooms as they wish to. The building holds a current warrant of fitness. A full-time property manager (interviewed) is supported by three maintenance assistants and a gardener, who address day to day repairs and complete planned maintenance as per program. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. The annual maintenance plan includes electrical testing and tagging. Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment checks, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.</p> <p>The facility is spread over three floors. The ground floor consists of a reception office area, laundry, kitchen, lounge, and resident swimming pool. Lift and stair access is available between floors. Serviced apartments are located in the same building. There are 20 serviced apartments certified for rest home care. There is a pleasant lounge and dining area, as well as a nurses' station for the serviced apartments.</p> <p>On level one, there are 49 dual-purpose rooms, including three double rooms available for couples. All resident bedrooms in the care centre, apart from four bedrooms, have a full ensuite. There are communal toilet/showers closely located to the standard rooms. Additional toilets are provided for residents, visitors, and staff</p>

		<p>throughout the facility.</p> <p>The corridors are wide to promote safe mobility and independence. There are handrails appropriately placed in the toilets and showers. There are disability toilets located near the lounges. Rooms are personalised and spacious to provide for rest home and hospital level of care. Flooring and fixtures are appropriate throughout the building. There are ceiling hoists in the rooms. The gardens have been maintained to a high standard and seating and shade are provided. There is safe access to communal areas.</p> <p>Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities. The facility is heated and cooled via centralised ducts. There are heat pumps in resident rooms and service apartments for residents to adjust the temperature of their room to their liking. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p> <p>Summerset policy states that consultation with Māori and iwi would occur if significant changes to the facility are considered.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff and visitors are informed of the correct action to take during commencement of employment or via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and one was last completed on 10 June 2025.</p>

		<p>Civil defence supplies are stored in identified cupboards on each floor and are checked six monthly. In the event of a power outage, a large generator is onsite. In the event of a civil defence emergency, sufficient lighting is provided, call bells are fully operational, and all information technology maintains functional. There is an 8,000 litre tank of water available, plus supplies of bottled water, enough to provide residents and staff with three litres per person, per day. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets and lounge/dining room areas. Call bells were evident in residents' rooms, lounge areas and toilets/bathrooms, which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance. The main gates and front doors close automatically. A timer is set for summer and winter hours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme includes antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the Summerset strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist, Public Health, and Health New Zealand. Summerset has a National Infection prevention and Control Group that meets bi-monthly. The infection prevention (IP) coordinator from each village is on this group. National infection data is reviewed with this group quarterly. Improvement projects are developed for any issues identified. Antimicrobial stewardship is monitored and discussed at this group.</p> <p>Infection rates and trends are discussed at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset</p>

		<p>Operations. Proposed corrective actions, improvements and infection prevention and control projects are discussed at the meeting.</p> <p>Infection control related data is also benchmarked with the other Somerset facilities. Further to this, Somerset benchmarks with other aged care organisations nationally and support office presents the results to their facilities. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GPs and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional quality manager, to head of clinical delivery.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees and coordinates the implementation of the infection control programme. The infection control coordinator role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control training for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from the national infection prevention and control group. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by support office, in consultation with the infection control coordinators, and proposed changes are consulted with village managers and care centre managers as appropriate prior to completion. There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, RNs and staff meetings. Infection control and prevention information is displayed on staff noticeboards.</p> <p>Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection</p>

	<p>control programme related to infection control activities at Summerset at Wigram is linked to the quality programme and was reviewed at the end of 2024. Policies are available to staff. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education is available should there be an outbreak. Education with residents takes place on an individual basis and as a group in residents' meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator liaises with the care centre manager, clinical nurse lead, and regional quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The infection control coordinator confirmed that the national infection prevention and control group will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry and kitchen staff were observed following appropriate infection control practices, such as use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured</p>
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		pillowcases. These were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori, will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions and medical notes. Summerset at Wigram has an infection control and antimicrobial stewardship programme that aligns with the Summerset strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and National infection prevention and control Group. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The Summerset clinical pharmacist and geriatrician have oversight of AMS data.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, 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. Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings.</p> <p>Records of monthly data sighted confirmed infections are compared</p>

		<p>with previous months, reason for increase or decrease, and action advised. New infections are discussed at shift handovers, to ensure interventions are implemented as soon as they are able to be. Significant events are reported to the senior team and National infection Prevention and Control Group. Benchmarking is completed with other facilities.</p> <p>The infection control coordinator confirmed residents are offered vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been three outbreaks reported since the last audit, which were managed effectively, and reported on appropriately.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The infection control coordinator oversees the implementation of the cleaning, laundry and audits. The infection control coordinator also provide support to maintain a safe environment during construction, renovation and maintenance activities, should this occur. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored securely, and the cleaning trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and masks are available for staff. There is a sluice room in each area and a sanitiser with stainless steel bench, and separate hand hygiene/washing facilities, with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles.</p>

		<p>Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits, which did not reveal any issues.</p> <p>All clothing and linen are laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. A job description which defines the responsibilities of the role is in place. Despite the facility being restraint free, the restraint meetings occur six-monthly. This meeting reviews policy and procedure, and staff training. Should there be any residents using restraints, the reporting process to governance would include data gathered and analysed that supports the ongoing safety of residents and staff.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. This includes cultural considerations and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The facility built on their continuous improvement approach on falls prevention strategies to minimise risks and enhance resident safety. The motivation behind this project is to continuously reduce fall-related injuries, improve resident safety and enhance quality of life, whilst ensuring the continuous improvement rating in 2021 is maintained. As part of quality indicator monitoring, the team at Summerset Wigram identified residents falls were higher than the internal (organisation) and external benchmark. A further falls prevention quality improvement initiative was established. This aimed to reduce harm from falls and integrate medication optimisation with a focus on best deprescribing practices with an aim for 100 % Vitamin D prescribing (unless clinically contraindicated), and to strengthen a multidisciplinary and staff collaboration approach. Residents and family/whānau were invited to be made aware on the programme implementation</p>	<p>A falls prevention meeting is held every fortnight. Strategies are discussed and integrated to further reduce the likely harm from falls for each resident at risk. Strategies included intentional rounding, medicines optimisation reviews to reduce side effects, postural hypotension, dizziness and sedation. Vitamin D charting is considered for muscle responsiveness and bone health, and the resident is considered for participation in an evidence based daily strengthening programme recommended by the physiotherapist. In August 2023 the menu was reviewed by Summerset’s contracted dietitians, and the menu plan was fortified with protein and calcium to reduce the risk of fractures and “Better Life Boosters” were introduced. These are dietitian approved ingredients, snacks or drinks available over and above the standard 12-week menu. These are designed for people needing additional fortification</p>

		<p>to enable the vision 'bringing the best of life'.</p>	<p>(for example, calcium, protein, calories) in their diet.</p> <p>Baseline data in 2023 showed 226 falls were recorded of which 27% resulted in injury, five of which were fractures. For the same period 35 residents (70 %) were prescribed Vitamin D. This was a six-month rolling rate of 10.6 falls per 1000 occupied bed days for hospital residents and a six-month rolling rate of 10.4 falls per 1000 occupied for rest home residents. After initiating the project falls were reduced to 169 falls in 2024 of which 21% resulted in injury, one with a fracture. For the same period 40 (80%) residents were prescribed Vitamin D. This was a six-month rolling rate of 8.5 falls per 1000 occupied bed days for hospital residents and a six-month rolling rate of 6.8 falls per 1000 occupied for rest home residents. In 2025 YTD there have been 63 falls with 15% resulted in injury and 100% of residents are prescribed Vitamin D. There were no fractures as a result of falls since June 2024. The six month rolling rate is 9.0 falls per 1000 occupied bed days for hospital residents and a six-month rolling rate of 6.4 falls per 1000 occupied for rest home residents.</p> <p>The data provided evidence of an improved Vitamin D prescribing practices in line with current best practice which is believed to have contributed to a decrease in falls and hospital admissions related to fracture as a result of falls.</p> <p>The Somerset national clinical pharmacist plays a crucial role in supporting the medication optimisation by offering training on medication use and safety, prescribing data and provides recommendations for improvement actions such as reviewing prescribing patterns. The pharmacist reviews the resident's medication prior to MDT meetings. Somerset developed a medicine optimisation checklist that the GP/NP, supply pharmacist, CCM and RNs complete.</p>
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			<p>Since the inception of the programme polypharmacy has been reduced with 39 of the 49 residents having less than nine medications prescribed. From the previous data available this was a reduction in polypharmacy of 40 percent. Medication optimisation contributed to improved deprescribing including antipsychotics and sedatives which are known to have a significant impact on falls risk.</p> <p>The 2025 resident satisfaction evidenced 94% of the respondents agreed the falls prevention initiatives have been balanced with residents' need for independence and participation.</p>
<p>Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>CI</p>	<p>During a review of the organisational staffing model (Workplace of Tomorrow) by an external company in 2023, it was identified the highly skilled care centre managers (CCMs) were overburdened with reporting, monitoring budgets, rostering and recruiting. These advanced administration skills limited their ability to clinically lead their teams, interact with residents and families/whānau. Furthermore, there were over 50 direct reports, and they could not provide the level of support the teams required. CCMs reported receiving daily afterhours/weekend calls from their teams, limiting their rest and wellbeing time. This review also confirmed that senior RNs are critical to providing safe service provision, as they safely allow more junior staff to learn and develop. There are times where RNs work some shifts where there are limited senior nurses on site.</p> <p>An analysis and monitoring of the project evidence positive outcomes such as a reduction in preventable hospital transfers, improved remote clinical oversight, increased team building and confidence.</p>	<p>From the information gathered, there was pilot (January to June 2024) of a new model of care which saw a new remote nursing service called Nursing Care Service (NCS). This was implemented at Summerset Wigram from July 2024. The NCS RN visited the site initially to establish rapport between the site RNs and the NCS service. The team's role includes (but not limited to) offering advice to care centre registered nurse after hours and on weekends; critical review and troubleshooting with significant events and emergencies; additional support to manage complex residents, especially for agency nurses on duty or new registered nurses; and increased support and oversight to agency RNs.</p> <p>There have been 750 calls to the NCS team made from Summerset Wigram for the period (July 2024-May 2025). The NCS team have provided proactive consults and have supported the facility in their falls prevention project. Fortnightly falls analysis was completed by the NCS falls prevention champion, who also attended site falls prevention meetings. The recommendations implemented by the team at Summerset Wigram, with the support of the NCS,</p>

			<p>significantly reduced the number of falls the resident experienced (link CI 2.2.2).</p> <p>The NCS team have provided orientation support for onboarding RNs, allowing for a smooth transition to their role, and offer new registered nurses peer support in clinical decision making at Summerset at Wigram. There has been significant improvement in the use of the ISBAR Communication Framework, STOPWATCH TOOL, and clinical pathways through NCS mentoring, which has promoted effective communication and improved practice in critical situations. This was also confirmed by the GP at this audit. NCS RNs also provided additional training on long-term care planning, particularly to new RNs, supporting the implementation of person-centred care planning (key to Summerset's Care Charter).</p> <p>Summerset at Wigram set a goal to reduce hospital transfers by 20%, by way of making the best use of the expertise of the NCS team supporting registered nurses with assessment of unwell residents. This has enabled the registered nurses to develop their critical thinking and good decision-making skills. Summerset at Wigram has successfully met the goal. In the initial phase of the project there were 15 admissions between July 2024 and December 2024. Following the first six months, admissions significantly decreased to seven (January to May 2025), achieving a 50% reduction.</p> <p>The NCS service has proven to provide valuable support to Summerset Wigram registered nurses on decision making for acutely unwell residents, with appropriate clinical escalation pathways to minimise hospital transfers that cause resident distress and impact on their quality of life.</p> <p>Survey results following the pilot evidenced eight RNs stated that the service has given them confidence, knowing there is always someone</p>
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			<p>available to discuss clinical issues. Several nurses emphasised that "the idea of having the support available is excellent, especially for those who may not be familiar with the policies, procedures or need additional support during their shift", and "it provides the staff with greater confidence in their work", indicating the service is highly valued. Survey results identified that while the service is highly beneficial for some by creating a safe learning environment and enhancing their skills, three others have not yet experienced a noticeable difference in their role. Further exploration could help understand whether this is due to differences in workload, cases handled, level of experience amongst on-site nurses or awareness of how to utilise the service effectively.</p>
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End of the report.