

Summerset Care Limited - Summerset St John

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 St John
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 29 July 2025 End date: 30 July 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:	36

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Summerset St John provides rest home level care for up to 104 beds including 36 serviced apartments. On the day of the audit, there were 36 residents.

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

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

The certification audit identified that the service meets the Standard.

This certification audit has resulted in continuous improvement rating around medication optimisation and weight management.

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 are fully attained.

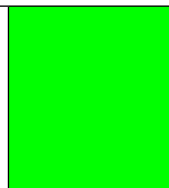
Summerset St John provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of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

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The care centre manager and registered nurses efficiently manage the entry process to the service. Admissions are managed by the business manager, registered nurses, and the general practitioner at admission. The service works in partnership with the

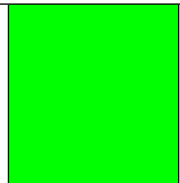
residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

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.

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. There are snacks available throughout the day.

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 are fully attained.
---	--	--

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Most rooms have full ensembles with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

The memory care unit is secure with a secure outdoors area.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
--	--	---

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

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are 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. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. There were residents who identified as Māori at the time of the audit. Summerset St John is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. All staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with the local iwi Ngāti Paoa, who provided a blessing and Karakia for the new village in October 2024 and continue to visit and support the service. The facility general practitioner (GP) who identifies as Māori provides day to day guidance to Summerset St John staff regarding cultural practices, providing interpreting support as required to meet the needs of the residents and their family/whānau. The service has also built a strong relationship with the clinical nurse specialist Māori Health at Te Korowai Atawhai Mercy Hospice. Residents and family/whānau at Summerset St John engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. Cultural assessments are completed</p>

		<p>for residents who identify as Māori when admitted.</p> <p>Summerset focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents in the care centre. The village manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at Summerset St John. At the time of the audit there were staff who identified as Māori. Summerset St John evidence commitment to a culturally diverse workforce as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with fourteen staff (three caregivers, one kaitiaki, four registered nurses [including clinical nurse lead and memory care lead], two diversional therapists, one executive chef, two housekeepers, one property manager) and five managers (village manager, care centre manager, business manager, national therapeutic recreation lead and regional quality manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and provide high quality healthcare.</p> <p>At the time of the audit there were residents who identified as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their family/whānau. Registered nurses interviewed explained family/whānau are involved in all aspects of care, particularly in</p>

<p>outcomes.</p>		<p>nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The village manager and care centre manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset St John links in with the Pasifika Family Health Group (Panmure) and Pacific health service through Health New Zealand – Te Whatu Ora to ensure connectivity within the region. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service continues to recruit new staff as occupancy increases. At the time of the audit there were staff that identified as Pasifika. The village manager described how Summerset St John continues to provide equitable employment opportunities for the Pacific community. Interviews with staff, management, five residents (three hospital and two rest home) and seven family/whānau (two dementia, three rest home and two hospital) 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 Health and Disability Commissioners (HDC) 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 care centre manager and village manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings and advocacy meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana Motuhake, and this is reflected in the</p>

		<p>Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Summerset St John training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were two married couples receiving services at the time of the audit. Staff supported the couples to enjoy quality time with each other. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with</p>

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

		<p>understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed 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 about the facility and services offered is provided to residents and family/whānau on admission. Advocacy and resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All communication is documented in the residents files. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails and</p>

		newsletters. Staff have completed education related to communication with residents with speech impediments and cognitive disabilities.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are 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.</p> <p>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. Files reviewed for residents in the memory care unit had activation of EPOA letters on file.</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>	FA	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There has been one internal complaint received since last audit. Corrective actions related to the complaint were implemented. The complaint was documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. There has been no external complaints received.</p>

		<p>The complaint received and subsequent corrective actions have been discussed in the quality improvement and staff meetings. Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Advocacy meetings and resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>Interview with the care centre manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care centre manager acknowledged their understanding that for Māori, there is a preference to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset St John is a purpose-built facility located in Auckland certified to provide dementia, rest home and hospital level care (medical and geriatric) for up to 104 residents. These include 19 dementia care beds (memory care unit), 49 dual purpose beds and 36 rest home level care in the serviced apartments. There are no double rooms. At the time of the audit there were 36 residents; 17 hospital level care residents; ten rest home level care residents including one in the serviced apartments; and nine dementia level care residents. All the residents were under the age-related residential care (ARRC) contract.</p> <p>The overall management is provided by a village manager (non-clinical) who has been in the role for 18 months and has a human</p>

	<p>resources and leadership background. They commenced their role six months prior to Summerset St John opening for a comprehensive induction which included Summerset eLearning, working under the supervision of the group operations manager preparing for the opening of the village, mentoring from an experienced regional quality manager and mentoring from another experienced Summerset Village Manger. The village manager is supported by a care centre manager (a registered nurse) who has been in the role since the service opened. They have 21 years of nursing experience, including seven years in clinical management in aged care. The management team also includes the resident services manager, the business manager, property manager and executive chef. The management team is supported by a team of registered nurses, caregivers, housekeeping, kitchen, activities, maintenance and administration staff. The management team reports a very low turnover of staff since the service commenced operations in October 2024.</p> <p>The Governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset's General Manager (GM) of Clinical Services. Members of the committee include Head of Clinical Delivery, Head of Clinical Improvement, Regional Quality Managers, Care Capability Specialist, National Dementia Specialist, National Clinical Pharmacist, and National Therapeutic Recreational Lead. There is also Māori representation on the group and there are clearly documented terms of reference. The GM Clinical Services (chair of the group) reports to the Chief Operating Officer. The GM Clinical Services works with the Chief Operating Officer and Summerset's CEO to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and</p>
--	---

	<p>regular resident and advocacy meetings. Feedback is collated, reviewed and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Summerset St John has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager and care centre manager complete quarterly progress reports toward these goals. The service is in the process of implementing the 2025 goals with quarterly milestones documented (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data internally and with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs. Members of the National Clinical Review Group all complete training provided in Summersets learning platform I-learn on Te Tiriti, Māori and Pacific Health (which includes equity), and cultural safety. The Head of Clinical Delivery is a graduate of the Te Kaa Programme.</p> <p>The village manager and the care centre manager have completed orientation into their roles and attended training in excess of eight hours over the past year related to managing an aged care facility and appropriate to their roles. The village manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.</p>
--	--

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset St John is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, registered nurse and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, resident meetings, staff meetings and collation of data were documented as taking place. Family/whānau meetings and advocacy meetings have been completed. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>The first resident and family/whānau satisfaction surveys were completed in March 2025 and evidence a very good return rate and a satisfaction score of 95% (whilst the organisational average was 90%). The results evidence a net promoter score of 62 which is above Summerset's average of 50. The outcome of the results including focus areas for improvement have been discussed with staff, residents and family/whānau.</p> <p>Summerset St John implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for weight management (link 3.5.3) and medication optimisation and these demonstrate continuous improvement with improved outcomes for</p>

	<p>the residents. Other quality improvements that Summerset St John continues to work on include those related to wound care management and enhanced activities programme to increase engagement and resident satisfaction.</p> <p>A health and safety system is in place. There is a health and safety committee led by the village manager and includes representatives from care, kitchen, reception, housekeeping and property areas that meet monthly. Four of the health and safety representatives have completed the required external training for health and safety officers. Hazard identification forms are completed electronically, and there is an up-to-date hazard risk register (sighted). There is a process of ongoing review of hazards through an electronic system as guided by the national health and safety team. Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffroom keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious injury reported to WorkSafe.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety meetings, quality improvement meetings, staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village manager and care centre manager and further alerts Summerset senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant</p>
--	--

		<p>authorities in relation to essential notifications. There have been section 31 reports completed, and no there have been no severity assessment code (SAC) notifications required to be completed to the Health Quality and Safety Commission (HQSC) since the facility started operating. There has been one outbreak since the facility opened which was appropriately reported.</p> <p>Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The business manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>As the occupancy has been increasing since the facility opened there has been a critical review of the roster with increases in staffing being implemented to meet the safe staffing ratios using a matrix that also considered acuity (sighted). There is ongoing staff recruitment with adverts for caregivers active at the time of the audit. The service contacts, own staff and those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, workload and provides safe and timely care on all shifts.</p> <p>The managers (village manager, business manager and care centre manager) all work full time Monday to Friday. There is shared clinical on-call cover between the care centre manager, clinical</p>

	<p>nurse lead and memory care lead based on the days of work. The village manager is on call for any operational concerns. There are separate staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days with on call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and ongoing as part of the training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset St John supports all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. There are 31 caregivers employed in total. Twenty caregivers have achieved level 4, four have completed level 3 and two have completed level 2 NZQA qualification. Nine staff (including one diversional therapist) are permanently rostered in the secure memory care unit, the diversional therapist has achieved the required dementia related unit standards, and the remaining caregivers have been enrolled, are going through the required unit standards and all are within the 18-month period. A record of completion is maintained on an electronic human resources system.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, syringe driver and interRAI assessments. All except one new registered nurse have syringe driver competency. Ten of eleven registered nurses (including care centre manager, memory care lead and</p>
--	--

		<p>clinical nurse lead) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and transferring, culture, and handwashing. A selection of caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim. Staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files (one care centre manager, one registered nurse, two caregivers, one executive chef, one housekeeper, one property manager and one diversional therapist) reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals The appraisal schedule is maintained by the care centre manager and the village manager. All senior staff have had their mid-year review completed and all staff have had a 12-week review completed following their orientation.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice</p>

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

<p>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>		<p>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 or clinical nurse lead is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry for any resident has not yet occurred and would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. 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>Six files were reviewed for this audit: two hospital residents, two rest home level care (including one resident who resides within the serviced apartments), and two in the memory care unit. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>The diversional therapists (DTs) complete a “my life story” (residents’ profile) booklet that outlines the resident interests, life history and significant connections for residents. An activities assessment is completed with the information from the resident’s</p>

	<p>profile. For residents in the secure memory care unit, the resident's needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period is integrated throughout all the sections of the long-term care plan.</p> <p>The "my life story" booklet is tailored for Māori and Pacific Island residents to identify their cultural connections and preferences. From this the registered nurse/DT develops a care plan to ensure staff are aware of the resident's cultural needs. Residents and family/whānau interviewed confirmed their extensive input into this.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Behaviour support plans include a description of the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Any resident with behaviour that challenge have prevention-based strategies for minimising episodes of challenging behaviours.</p> <p>Care plan evaluations were completed and updated as resident care needs changed which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>A general practitioner from a local practice ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-</p>
--	---

	<p>monthly resident, family/whānau reviews (multi-disciplinary meetings). 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. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who visits regularly for 10 hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, continence advisor, hospice specialists, mental health services for older people (MHSOP) and wound care/district specialist nurse been involved in residents' care.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were eight wounds (on the day of audit) and no pressure injuries. Many of the wounds were minor skin tears and two residents with chronic venous ulcers. 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</p>
--	--

		<p>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>There are two diversional therapists and three kaitiaki who deliver the program seven days per week. The activities team have current first aid certificates. The programme is supported by the kaitiaki, caregivers, community groups, pastoral care and volunteers. The serviced apartment residents attend the same programme and residents interviewed said they choose which sessions they want to attend. The program is well advertised.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter and activities programme printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. A resident's profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A recreation plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. Those residents</p>

		<p>who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures; hand massage and newspaper reading are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>Activities in the memory care unit are tailored to individual residents and include walks, singing, walking, arts and crafts, baking, domestic chores, baking, puzzles and ball games. Residents in the memory care unit participate in some group activities with other residents outside the memory care unit. There are separate quieter spaces where residents can sit if they wish to not partake in activities.</p> <p>There are resident meetings which are facilitated by the care centre manager. Quarterly family and friends' meetings are facilitated by an advocate from Age Concern.</p> <p>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 and family/whānau 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>
<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 facility uses robotic packaged medications for regular use and. 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</p>

		<p>locked when not in use. The medication fridge temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There was one resident who was self-administering their medications. The resident had the required cognitive assessment forms on file with regular three-monthly reviews completed by the GP. Medications were observed to be securely stored in their room.</p> <p>Pro re nata (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 effects. This is documented in the progress notes.</p> <p>The clinical nurse lead, care centre manager and registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice 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>
Subsection 3.5: Nutrition to support wellbeing	FA	All meals are prepared and cooked on site. The kitchen was

<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>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 has been recently reviewed by a dietitian before the implementation of the spring menu. The executive chef (manager) is supported by three other chefs, and eight kitchen 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 has access to the nutrition aspects of the electronic resident information. Resident’s nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served in the main dining rooms by the kitchen team. Other meals are transported to 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 residents and family/whānau interviewed were very</p>
--	---

		<p>complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p> <p>A continuous improvement is awarded for the positive outcomes for a cohort of residents that had unintentional weight loss.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers were completed where required.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews. Family/ whānau are involved and will support residents in the memory care unit when they are transferred to hospital.</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>FA</p>	<p>The facility is inclusive of people's culture and supports cultural practices. The main building and attached building each holds a current certificate of public use. A full-time property manager (interviewed) is supported by three maintenance assistants and a</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>gardener, who address day to day repairs and complete planned maintenance per program. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging. 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 care centre is across three levels. There are adequate seats for resting in communal areas. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of the floors. There are communal mobility toilets near lounges. Visitor toilets are also available.</p> <p>There is an open-plan nurse's station overlooking the lounge on each floor and a secure medication/treatment room in the memory care unit, and on level one (care suites). There is also a family room/s available.</p> <p>Dementia unit (Memory Care Unit).</p> <p>The unit is secure is located on level zero with easy access from the main building that holds the reception area, offices, and café. All exits in and out require swipe card access by staff. There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the unit. Decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas such as ensuites (eg, toilet lids) provide easier visibility and identification of areas There are noticeboards in each resident room (at outside memory box) that can be personally decorated. There is a large dining room and lounge area with smaller quiet rooms available. A satellite kitchen is available which can be used for cooking (an induction oven is in place) or serving food.</p> <p>The Memory Care unit is built around a large, secure landscaped courtyard. The courtyard is accessible for the residents in the</p>
---	---

	<p>Memory Care unit from both lounges. There are external paths that lead from the dining area and from the lounge with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering.</p> <p>In the dual-purpose areas, there are large spacious corridors. All resident rooms are personalised with an ensuite There are handrails in ensuites and bathrooms. All bedrooms are single with large spaces for equipment and mobility. Flooring, fixtures are appropriate throughout the building. There are ceiling hoists in the rooms.</p> <p>There are lifts between floors; one is large enough for a bed/stretcher if needed. There are stairwell allowing access for staff or residents from other floors.</p> <p>There is a large dining room and lounge area with smaller quiet rooms available. Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. A satellite kitchen is available which can be used for cooking (an induction oven is in place) or serving food.</p> <p>Each serviced apartment on the first floor has access to a lift to transfer to the community centre on the ground floor (level zero). There is a nurse's station in the centre of the serviced apartments. There is a specific serviced apartment dining room for residents on each floor. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge and separate bedroom and ensuite.</p> <p>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. The gardens have been maintained to a high standard and seating and shade are provided.</p> <p>There has been involvement with elders from the local iwi around</p>
--	--

		the building and the grounds. At an organisational level, the building design team have consulted with Māori.
<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/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.</p> <p>Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, a gas hob and gas barbeques available. The provider has a large generator on site and the care building is heated by pellet burner. In the event of a civil defence emergency sufficient lighting is provided, call bells are fully operational, and all information technology maintains functional. There are sufficient supply of emergency water supplies available for residents and staff. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity.</p> <p>The call bell system in the memory care unit is assistive technology that provides behaviour pattern controllers that establish a resident's typical behavioural pattern and alert staff to anticipate occasions when the resident may display non-typical behaviour.</p>

		Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance. The main gates and front doors close automatically. A timer is set for summer and winter hours.
<p>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>	FA	<p>Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme, policies and procedures link to the quality improvement system. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team. Expertise and advice are sought from the general practitioner, Health New Zealand infection control team and experts from the local public health as and when required. The infection prevention and control (IPC) coordinator presents infection prevention and control related issues at the clinical review meetings. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset St John business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Infection rates are discussed bimonthly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset operations including infection prevention and control and antimicrobial stewardship programmes. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The clinical nurse lead (a registered nurse) is the infection prevention and control (IPC) coordinator, who leads, oversees and coordinates the implementation of the infection control programme. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job</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>description. The IPC coordinator has completed orientation into the IPC coordinator role and is scheduled to attend external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme implemented that was developed with input from external infection control services and is reviewed annually. The programme was approved by the national clinical review group and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided during outbreaks and to keep updated with current best practice. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. The infection control audits completed</p>
---	---

		<p>demonstrated compliance with expected guidelines. Care delivery, housekeeping and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitisers were available. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The care centre manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial programme was approved by the national quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the national infection prevention and control group (which includes the IPC coordinator from each care centre), with a particular focus on infections that do and don't meet the infection surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and antimicrobial stewardship review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated and any occurrence of adverse effects.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>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 analysed, and action plans are implemented as indicated. Interview with the infection prevention and control coordinator confirmed that the service has a process for identifying opportunities for improvement and implementing continuous quality improvement and well-being of the residents. The healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Records of monthly data sighted confirmed very low numbers of infections for Summerset St John since opening. The monthly report provides opportunity to compare infections with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other Summerset facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes and from interviews with family/whānau. There has been one Covid-19 outbreak reported since last audit. This occurred in December 2024. The outbreak was well documented with debrief meetings identifying what went well and areas of improvement for future outbreak management. The outbreak was well managed and reported appropriately.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaning areas. Cleaning products were in labelled bottles. All cleaning is completed by designated housekeeping staff. Staff ensure that trolleys are safely stored when not in use. A</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each unit with a sanitisers and separate handwashing facilities. Cleaning guidelines are provided to meet the needs of the facility and updated as changes are required. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning.</p> <p>The housekeepers are responsible for completing laundry tasks each shift. All the laundry including personal laundry and bed linen is washed on site. The laundry is delivered to the laundry in colour coded leak proof linen bags via a shoot from the upper floors and using linen skip trolley from the ground floor area. The laundry room is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the staff have received training and documented guidelines are available.</p> <p>The infection prevention and control coordinator has oversight of Summerset St John testing and monitoring programme for the built environment through scheduled internal audits that includes those related to cleaning, laundry and the environment. Staff interviewed, demonstrated awareness of the infection prevention and control protocols. Residents and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The 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 (memory care lead). A job description which defines the responsibilities of the</p>

		<p>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 service has a philosophy of a person-centred approach with a focus on resident safety. Reviewing medication is an integral part of making sure that the best and most safe prescribing practices are used for residents. Innovative strategies were explored creating partnerships beyond aged care providers but continue a multidisciplinary and staff collaboration approach. Residents and family/whānau were invited to be made aware on the programme implementation and resources were provided to enhance understanding.</p> <p>Summerset developed a Medication Optimisation and deprescribing policy in January 2024 that is part of a medication optimisation program within Summerset that focus on problematic polypharmacy and optimisation of residents` medication regimen. The program aims to support</p>	<p>The motivation behind this project is to collaboratively reduce polypharmacy using a best practice approach (Beers criteria and STOPP/START). The registered nurses use decision support tools as part of the multidisciplinary meeting that also assist the GP when reviewing medication. The aim is also to use the practice of deprescribing of antipsychotics use, the reduction in polypharmacy and medication optimisation to support the service`s falls prevention programme and behaviour support programme.</p> <p>(i). Vitamin D supplementation for bone health is part of the GPs general prescribing practice to support the programme. The medication graphs presented evidence 82 percent of residents at Summerset St John is on Vitamin D supplementation. Falls related data evidence one resident has sustained a fracture following a fall since the facility opened and falls</p>

		<p>the quality of residents` life and residents `safety. A medication optimisation group at Summerset (including a pharmacist and geriatrician) is overseeing the programme and encourage contracted GPs to follow a set of guidelines. The GP interviewed explained their involvement and `buy in` into the programme and their prescribing practices at Summerset St John for all admissions to the `new` facility since October 2024.</p>	<p>events has gradually reduced over an eight month period.</p> <p>(ii). Polypharmacy reviews: 14 residents care journey were followed since admission (October 2024) and 36% were admitted on nine or more regular medications, this was reduced to 0%. Collectively, the residents were prescribed with an average of seven medications, and this has been reduced to five or less. From the data reviewed the classes of medication deprescribed include statins, antiplatelet, NSAIDS and calcium channel blockers. The data reflects both clinical decisions and deprescribing strategies that follow current best practice in geriatric pharmacotherapy.</p> <p>(iii). Antipsychotic deprescribing of quetiapine and risperidone were reflective in medication charts and the graphs provided for this project. The data correlates with the reduction rate of behaviour events from 12.4/1000 bed days to 5.29 /1000 bed days between November 2024 and July 2025 and evidences a gradual reduction in falls rate between the first four months and second four months period since the facility opened from 10.4 to 8.96/1000 bed days.</p> <p>Decisions to deprescribe medications reflects person centred evidence based deprescribing tailored for each resident condition, comorbidities, and goals of care. The data illustrates initiative-taking medication reviews practices that promote safety, minimise polypharmacy and optimise therapeutic outcomes.</p>
<p>Criterion 3.5.3 Service providers shall ensure people`s dining experience and environment is safe and</p>	<p>CI</p>	<p>The achievement of this rating reflects that the service has implemented a continuous improvement approach to resident wellbeing that goes beyond expected full attainment. A targeted</p>	<p>Summerset St John has implemented a tailored, holistic weight management plan to meet the unique needs of elderly residents, with the goal of promoting health, independence, and overall quality of life. The</p>

<p>pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>		<p>quality improvement project focused on weight management was undertaken, specifically addressing six residents identified as requiring nutritional interventions to maintain optimal health. A comprehensive review process, including data analysis and reporting of outcomes, was completed. There is clear evidence that the improvements implemented have positively impacted residents' quality of life, enhanced overall wellbeing, and supported residents to lead fulfilling lives.</p>	<p>initiative has resulted in weight maintenance or gain in six previously 'at-risk' residents.</p> <p>Key components included in the project looked at: individualised weight management plans, informed by multidisciplinary input; regular monitoring of weight, BMI, and malnutrition risk using the MUST tool; "Better Life Boosters" introduced as nutritional supplements to meals and desserts, increasing protein, calcium, and calorie intake; Resident choice menu launched in May 2025, offering residents autonomy in selecting meals and Kaitiaki staff providing direct feeding support and facilitated meal choice.</p> <p>Staff considered clinical indicators that included poor oral intake pre-admission; post-hospitalisation weight loss; long-term underweight history; wound-related weight loss and high MUST scores (indicating malnutrition risk). Five of the six residents received dietitian-led nutrition plans, integrated into daily care by the clinical team.</p> <p>Over a four-to-eight-month period the following outcomes were achieved with the six residents; Resident A: +15.5 kg (Nov 2024–July 2025), resident B: +4.9 kg, resident C: +6.5 kg, resident D: +14.7 kg (since April 2025), resident E: +1.5 kg and resident F: +18 kg (since Oct 2024).</p> <p>This multidisciplinary and culturally sensitive approach, combining medical oversight, dietary planning, resident engagement, and personalised support has successfully reduced malnutrition risk from high to moderate or low in all six residents. The use of supplements and staff-guided meal assistance has been central to these outcomes, demonstrating the importance of comprehensive, resident-focused nutritional care.</p> <p>Review of the quality improvement and staff meeting</p>
--	--	--	--

			<p>minutes provides evidence of ongoing discussions, review of interventions and measure put in place and regular evaluation of the outcomes on the residents. Interview with family/whānau (one dementia and one hospital) demonstrated they were consulted and involved in the work to support the weight concerns of their loved ones. One family member shared photos of their loved one with the auditor on the day of the audit demonstrating the difference that the measures being put in place had made to the wellbeing of the resident and quality of life.</p>
--	--	--	--

End of the report.