

Summerset Care Limited - Summerset on Cavendish

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset on Cavendish

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: 18 August 2025 End date: 19 August 2025

Proposed changes to current services (if any): Due to a discrepancy in the numbers at the previous audit, this audit verified that Summerset on Cavendish is certified to provide rest home, hospital (medical and geriatric services) and dementia level of care for up to 119 residents. There are 43 dual-purpose beds (rest home and hospital level of care) on the first floor. There are 20 care suites in the memory care unit (dementia) on the ground floor; all suites are suitable to be shared. However, the service can only

use two shared suites at any given time. There are 56 serviced apartments across three floors and all are certified as suitable to provide rest home level care, including 14 double rooms available for married couples.

Total beds occupied across all premises included in the audit on the first day of the audit: 77

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset on Cavendish is certified to provide rest home, hospital (medical and geriatric) and dementia level care for up to 119 residents, including 56 rest home certified beds in the serviced apartments. There were 77 residents in total at the time of the audit including one couple in a serviced apartment.

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

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

The shortfall from the previous audit in relation to neurological observations remain ongoing.

This surveillance audit identified further improvements are required relating to assessment and care plan timeframes, and staff education.

Ō tātou motika | Our rights

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

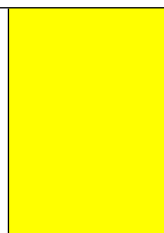


Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Summerset on Cavendish demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

Summerset on Cavendish has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan, and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, and visiting allied health professionals. All staff responsible for administration of medication complete medication competency. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. All residents' transfers and referrals occur in a coordinated manner.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service fully attained.</p>
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan. Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been four outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and will only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	1	0	0
Criteria	0	46	0	1	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Summerset on Cavendish utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit the service had no staff or residents who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. At the time of the audit there were no staff or residents who identified as Pasifika. Thirteen staff interviewed (five caregivers, four registered nurses, one memory care lead, one chef manager, one property manager and one diversional therapist) could confirm that they had received training related to cultural safety, which informed them about Pacific peoples, their worldviews, cultural and spiritual beliefs and were equipped with knowledge on how to support residents who identify as Pasifika, should they be admitted.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager (interviewed) demonstrated how it is also provided within welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with five family/whānau (one rest home, two hospital and two dementia level of care) and four residents (three rest home and one hospital level of care), confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Summerset on Cavendish policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Summerset on Cavendish are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and</p>	<p>FA</p>	<p>Resident files reviewed included completed general consent forms, consents for vaccinations, release of photographs, and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was, and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated, and for residents in the memory care unit. All documentation regarding EPOA and activation is on file.</p>

control.		
<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>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained, which includes all complaints, dates, and actions taken. There have been eight internal complaints received since last audit in January 2024 (five in 2024 and three in 2025 year to date). Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There have been no external complaints.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed 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 for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive,</p>	FA	<p>Summerset on Cavendish is located in Christchurch. Summerset on Cavendish is certified to provide rest home, hospital (medical and geriatric services) and dementia level of care for up to 119 residents. There are 43 dual-purpose beds (rest home and hospital level of care) on the first floor. There are 20 care suites in the memory care unit (dementia) on the ground floor; all suites are suitable to have shared rooms. However, the service will only use two shared suites at any given time. There are 56 serviced apartments across three floors, all are certified as suitable to provide rest home level care, including 14 double rooms available for married couples only.</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>At the time of the audit there were 77 residents in total: 29 rest home residents, including one resident on respite care, and 13 residents in the serviced apartments; 28 hospital residents; and 20 dementia residents in the memory care unit. There were no married couples sharing rooms at the time of the audit. All residents were under the age related residential care (ARRC) agreement.</p> <p>The governance body for Summerset is the national clinical review committee who meet monthly and is chaired by Summerset’s general manager of clinical services. The general manager of clinical services (chair of the group) reports to the chief operating officer. The general manager of 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. Summerset on Cavendish has a site-specific business plan 2025 that includes goals which relate to clinical effectiveness, risk management, and financial compliance. The 2024 goals have been evaluated and completed. The village manager and care centre manager complete quarterly progress reports toward these goals.</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>There have been changes in the management team since the last audit. The overall management is provided by a village manager, who has been in the role for one week. The village manager is supported by a care centre manager, who has been in the role since February 2025, and a business</p>
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		<p>manager, who has worked in the role for one year and at Summerset on Cavendish for three years. The management team is supported by a memory care lead and a team of registered nurses and caregivers. The previous village manager and the head of clinical improvement were present at the time of the audit.</p> <p>The care centre manager has attended training for over eight hours in 2025 year to date, related to managing an aged care facility. The village manager is currently in the process of completing a comprehensive induction in the role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to 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 on Cavendish 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/clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings and collation of data were documented as taking place, and corrective actions are always discussed and signed off when completed. Quality data and trends in data are posted on a noticeboard in staff areas. The service continues to work on maintaining the two continuous improvements awarded at the previous certification audit.</p> <p>The resident and family/whānau satisfaction survey was completed in March 2025 for Summerset on Cavendish and evidenced an overall satisfaction of 88%. Corrective actions have been implemented around food choice and variety. Results have been communicated to residents and family/whānau through the newsletter. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was last reviewed in August 2024. Electronic reports are completed for each incident/accident and immediate action is documented with any follow-up action(s) required, as evidenced in the 16 accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings, and at handover. Incident and accident data is collated</p>

		<p>monthly and analysed.</p> <p>Discussions with the care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 and two Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported since the last audit. Notification was also completed for the change in the care centre manager and village manager. There have been four outbreaks since the previous audit. All outbreaks were well managed and reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager, care centre manager, and business manager all work full time from Monday to Friday. The memory care lead works part time from Monday to Thursday. On-call support for clinical concerns is managed by the nursing care service (NCS team), and escalated to the care centre manager, as indicated by risk and complexity. The village manager is on call for any operational related issues with the support from the property manager. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of caregivers on each shift is sufficient for the acuity and layout of the facility, to provide safe and timely care on all shifts. Residents interviewed confirmed their care requirements are attended to in a timely manner. There is also a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings, and exercises.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and hospice. Summerset on Cavendish supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 51 caregivers employed, with 33 having achieved a level 3 NZQA qualification or higher. There are fifteen caregivers rostered across the memory care (dementia) unit. One of the fifteen caregivers who has worked in the memory care unit for more than 18</p>

		<p>months, has not completed the required dementia standards modules.</p> <p>There is a national learning and development team that support staff with online training resources. All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, syringe driver, and interRAI assessment competency. Nine of eleven registered nurses (including the care centre manager and memory care 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, including Covid-19 preparedness; and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. These have been completed. A record of completion is maintained on an electronic human resources system.</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>	FA	<p>Six staff files (one care centre manager, one memory care lead, one registered nurse and three caregivers) reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner (GP), dietitian, physiotherapist, and pharmacists.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more, have a current performance appraisal on file.</p>
Subsection 3.2: My pathway to wellbeing	PA	Six resident files were reviewed: two hospital, two rest home, and two

<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>Moderate</p>	<p>dementia level of care. The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social and cultural history, and information from pre-entry assessments.</p> <p>Initial assessments and care plans are completed, detailing the needs and preferences of a resident within twenty-four hours of admission. The individualised long-term care plans (LTCP) are developed following completion of the initial interRAI assessment within three weeks from admission. However, one recent admission did not have a first interRAI assessment and LTCP developed within the timeframe required. Overall, interRAI reassessments followed by LTCP evaluations are completed every six months or sooner if there is a significant change in the health status of the resident. However, not all processes were followed, and not all evaluations were completed within expected timeframes. LTCP evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>Overall, interventions and early warning signs are documented to meet the residents' assessed needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Care plans in the memory care unit include individual diversional strategies across the 24-hour period. There is evidence of family/whānau involvement in care planning and ongoing communication regarding (but not limited to) care plan reviews, GP visits, adverse events such as infection and falls, and health status updates, are documented.</p> <p>The initial medical assessments are undertaken by a GP within the required timeframe following admission. Residents' files reviewed (GP progress notes and medication charts) have ongoing timely medical reviews every three months, and when acute or new health issues are reported by the registered nurses. The medical service is provided by two GPs who visit weekly, and as required. The GP interviewed stated that there is good communication with the service and that they are informed of medical concerns in a timely manner. The GP is also available after hours for the facility. A</p>
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		<p>physiotherapist visits the facility a weekly to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly, and a dietitian, speech language therapist, mental health services for older people, palliative care nurse, and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products is available at the facility. A sample of current wounds was reviewed at the time of audit. Wound care plans reviewed demonstrate comprehensive wound assessments, and are evaluated within the timeframe, with attached photos that are taken when this is required. There is evidence of consultation and additional specialist (wound and vascular specialists) input when this is required. The wounds reviewed include chronic ulcers, skin tears, lesions and abrasions. There were no pressure injuries.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example infections, wounds, and weight loss. STCPs were evaluated and closed off when the acute problems were resolved, and interventions were transferred to LTCPs if appropriate.</p> <p>The progress notes are recorded and maintained in the integrated records. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Monthly observations such as weight and blood pressure were completed and are current. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; behaviour; bowel records; blood glucose levels; food intake charts; and fluid balance monitoring. Monitoring charts have been completed as per care plan instructions; however, neurological observations, following un-witnessed falls, were not completed consistently according to policy. The previous audit finding (criteria # 3.2.4) related to the completion of neurological observation after unwitnessed falls remains.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies, products and equipment they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. The staff (registered nurses and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>The staff interviewed could describe their role regarding medication management and were observed to be safely administering medications in the hospital/rest home area and the memory care unit. All medications delivered are checked against the medication chart when received, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in two medication rooms (one in the hospital/rest home area and one in the memory care unit). The medication rooms and medication fridges temperatures are monitored daily, and readings were within acceptable ranges. Eyedrops have been dated on opening and within expiry date.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. All medication charts have an updated photo identification, allergy status, and reviewed by the GP three-monthly. All medications charted have clear indications for use, including pro re nata (PRN) medications. The effectiveness of PRN medications administered were consistently documented in the resident management systems used.</p> <p>There were no residents self-administering their own medication. No vaccines are kept on site, and no standing orders are used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food preferences and cultural preferences are included in the menu. The chef manager receives an assessment dietary report completed by the registered nurses and is notified of any dietary changes. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager interviewed reported they accommodate residents' requests and can prepare food that is specific to a culture of a resident.</p> <p>There is a verified food control plan which expires 26 June 2026.</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>	FA	<p>There are documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau, and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident’s profile, family/whānau contact numbers, and medication chart.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset on Cavendish and comply with legislation relevant to the services being provided. The environment is inclusive of people’s cultures and supports cultural practices. The building warrant of fitness is current, expiring on 1 July 2026. Any maintenance requests are entered into the electronic maintenance system. This is checked daily and signed off when repairs have been completed.</p> <p>Equipment failure or issues are also recorded in the electronic system. There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recordings reviewed had corrective actions undertaken when outside of expected ranges.</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</p>	FA	<p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and</p>

<p>infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>education of staff. Policies and procedures are reviewed by the head of clinical delivery, who acts as the national infection prevention and control lead for the Summerset Group. The infection prevention and control (IPC) programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually (sighted).</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE). Competencies related to IPC (such as hand hygiene and donning and doffing) are maintained and completed annually.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the IPC programme and is described in the IPC manual. Standardised definition of infections and surveillance tools are used to collect infection data (which includes signs and symptoms, prescribed anti-microbials and organisms). Monthly infection data is collected for healthcare-associated infections (HAI), such as urinary tract, wound, skin and soft tissues and respiratory tract infections, and is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually.</p> <p>Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections of concern are reported to the head of clinical delivery, and discussed at the monthly national infection control meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce HAI. There have been four outbreaks reported since the last audit; one Covid-19; one gastrointestinal in 2024; one scabies; and one Covid-19 in 2025 year to date. All outbreaks were contained, well managed and reported appropriately. Debriefing meetings were held.</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 service aims to maintain a restraint-free environment. The facility had no restraints in place at the time of the audit. Policies and procedures are approved by the head of clinical improvement and meet the requirements of the standards. The head of clinical improvement acts as the national restraints committee lead for the Summerset Group. Restraint use within Summerset Group is discussed and monitored at the national clinical review meeting. There is also a national restraint group which monitors restraint use and ensures restraint-free strategies are maintained.</p> <p>The designated restraint coordinator in the service is a registered nurse. Staff interviewed were able to identify completed training and education in relation to restraint, such as restraint minimisation and safe practice, alternative cultural-specific interventions, de-escalation techniques, and changed behaviour seminars. These are verified with the staff training records sighted. Training for all staff occurs at orientation and annually. Staff have been trained in the least restrictive practice and restraint competencies are completed as part of training.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>Summerset on Cavendish supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 51 caregivers employed. There are fifteen caregivers rostered across the memory care unit. One of the fifteen caregivers who has worked in the memory care unit for over 18 months has not completed the required dementia standards modules as required by the ARRC contract clause E4.5.(f).</p>	<p>One of fifteen caregivers who has worked in the memory care unit for over three years has not completed the required dementia standard modules to meet the ARRC requirements.</p>	<p>Ensure that all caregivers working in the memory care unit complete the required dementia standard modules to meet the requirements of the ARRC agreement.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess</p>	PA Moderate	<p>Initial interRAI assessments and the first long-term care plans are developed within twenty-one days from admission;</p>	<p>i). A recently admitted rest home level care resident did not have initial interRAI</p>	<p>i). - iii). Ensure interRAI assessments and long-term care plans are</p>

<p>and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>however, a recent admission's initial interRAI assessment and LTCP were not completed within this timeframe. The information gathered during interRAI assessments are used in developing LTCPs; however, not all processes are fully followed. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse; however, three care plan evaluations were completed after more than ten days of the completion of interRAI reassessments.</p>	<p>assessment and LTCP completed within three weeks of admission in the service.</p> <p>ii). A care plan of a hospital level care resident is evaluated before the interRAI reassessment was completed.</p> <p>iii). Four long-term care plans were evaluated after more than ten days of the completion of interRAI reassessments.</p>	<p>developed and completed in accordance with contractual obligations.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	<p>PA Moderate</p>	<p>There is a fall management policy, which includes the frequency of taking neurological observations following an unwitnessed fall with suspected head injury. Reviewed completed neurological observations related to unwitnessed falls between May to July 2025. The neurological observations were commenced, but did not consistently align with the time intervals stated in the policy. This is an ongoing shortfall.</p>	<p>Six of nine completed incident reports related to unwitnessed falls (with suspected head injury) did not evidence completion of neurological observations within the frequencies stated in the policy.</p>	<p>Ensure neurological observations following unwitnessed falls are completed as per policy requirements.</p> <p>60 days</p>

(d) That needs and risk assessments are an ongoing process and that any changes are documented.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.