

Summerset Care Limited - Summerset by the Ranges

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 by the Ranges		
Services audited:	Dementia care		
Dates of audit:	Start date: 18 September 2025	End date: 19 September 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: 20			

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset by the Ranges is part of the Summerset Group of retirement villages and aged care facilities. Summerset by the Ranges is certified to provide dementia level care for up to 20 residents. On day of audit there were 20 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff records; observations; and interviews with family/whānau, management, staff and the regional quality manager.

The village manager is supported by a clinical manager, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care. There have been no changes to the facility since the previous audit.

The area for improvement identified at the previous audit relating to the provision of 24-hour activity care plans for residents has now been closed.

This surveillance audit found no areas identified for improvement.

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. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrated an understanding of resident's rights and obligations and ensures 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 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.

Subsections applicable to this service fully attained.

Summerset by the Ranges business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff.

There is 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. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident/family/whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7. All resident's transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The dementia unit is secure, and the service has ensured it is homelike, with residents and family/whānau encouraged to make resident spaces personalised.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been an outbreak of Covid-19 since the previous 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 was a registered nurse. The facility had no residents using restraints at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques, and alternative interventions, and only uses 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	18	0	0	0	0	0
Criteria	0	48	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the organisation, which Summerset by the Ranges utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service has a working relationship with local iwi, Marae and Māori Health Services. At time of audit, the service had residents who identify as Māori residing in the facility. There were Māori staff who confirmed that the service recognises mana motuhake.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	Summerset at the Ranges uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were residents residing in the facility who identified as Pasifika. There were Pacific staff who confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Summerset at the Ranges.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents/family/whānau. The clinical manager discusses aspects of the Code with family/whānau on admission.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Summerset by the Ranges policies guide staff to prevent any form of discrimination, harassment or any other exploitation. 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 by the Ranges are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff (four caregivers, two registered nurses, one chef, one village administrator, one property assistant), and management demonstrated an understanding of professional boundaries when interviewed.
Subsection 1.7: I am informed and able to make choices 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. 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. 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	FA	There are policies around informed choice and consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Review of resident records included general consent forms signed by the activated EPOA. Other consent forms included vaccinations. Interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected.

and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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.	FA	The complaints procedure is provided to families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or relatives 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. A complaints register is maintained which includes all complaints, dates and actions taken. The regional quality manager confirmed there has been two internal complaints received since the last audit. One of which has been escalated to the HDC. One complaint was regarding the food service and was swiftly acknowledged, investigated and responded to. The complainant was happy with the outcome, and it was closed. The second one received in March 2024 related to several aspects of a resident's personal cares. The initial response was comprehensive detailing the investigations that had occurred and what interventions had been put in place as an outcome. A meeting was held with the complainant to acknowledge the complainants' distress and provide additional information of the interventions embedded to address the short comings pertaining to the resident's care. In October 2024, the organisation received notification that the complaint had been escalated to the HDC. The national quality leader for the organisation has ensured all information requested by the HDC has been submitted and at time of audit, the outcome was pending. Discussions with five family/whānau/enduring power of attorney (EPOA) 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. Staff discussion confirmed that the organisation acknowledges that for Māori, there is preference for face-to-face communication and to include whānau in participation.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Summerset by the Ranges is part of the Summerset Group of retirement villages and aged care facilities. The facility is in the township of Levin in the Horowhenua region. The service is certified to provide secure dementia care for up to 20 residents. The care centre which previously incorporated rest home and hospital level of care was decommissioned as result of a fire in April 2022. At time of audit the completion of the rebuild of these services is due for completion in early 2026. On the day of audit, there were 20 residents. All residents were under the age-related residential care contract (ARRC). One of the 10 apartment bedrooms that are double occupancy had a married couple residing within it. The service has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that meet monthly and is chaired by the head of clinical services. Members of the committee include the regional quality managers, clinical improvement manager, dementia specialists, clinical pharmacist, programme lead - diversional therapy and the clinical learning and development manager. The Summerset governing body ensures compliance with legislative contractual and regulatory requirements. There is a quality and risk management programme and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. These are reviewed annually. The vision and values are posted in visible locations throughout the facility. The service has identified external and internal risks and opportunities that include addressing possible barriers and inequities, and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met. The national clinical review meeting provides clinical governance over the care and clinical systems for Summerset operations. There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me	FA	Summerset by the Ranges is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through

safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	collection of clinical indicator data. The village manager and manager lead and implement the quality programme. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident, with immediate action noted and any follow up actions(s) required, evidenced in four accident/incident forms reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager or registered nurses. Family/whānau are informed following incidents. The clinical manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, clinical/quality, and meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; complaints received; staff; and education. Discussion with the clinical manager and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the appropriate staff meeting. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident/family/whānau meetings are occurring as per schedule, with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback. The last resident and family/whānau satisfaction survey results were reviewed. The answers have been analysed with graphs outlining the results. The results were positive with many questions answered, grading the service at 90 per cent and above. Corrective action plans had been implemented for any areas identified as having less than optimal results. A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the
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		handover process and staff meetings. Discussion with the regional quality manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been three Section 31s notification submitted. Two relating to resident behaviour and one informing of the extension of a short-term contract for the clinical manager, whilst the additions to the facility were being built. The last Covid-19 outbreak occurred in March/April 2024. Documentation reviewed provided evidence that the outbreak was appropriately managed, and a notification completed to the Public Health authorities.
Subsection 2.3: Service management 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.	FA	A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager and clinical manager work full time from Monday to Friday. After-hours clinical support is accessed by calling the organisation's national clinical services phone number, operated by rostered registered nurses. The village manager and clinical manager advise staff they are also available after hours if required. Registered nurses are on duty seven days per week in the morning shift, and five days per week in the afternoon shift. Senior caregivers lead the night shift. Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were noted to be spending one to one time with residents or supporting the activity programme. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Family/whānau members interviewed advised that they believed that staffing levels were adequate. There is an annual education and training schedule completed for 2024 and 2025. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes Code of Rights; informed consent; restraint; challenging behaviour; Pacific values; Māori health (values, beliefs, tapu, noa, and end of life); privacy and confidentiality; and medication management. There is an attendance register for each training session and an individual staff member record of training electronically. Educational courses offered include in-services, online, and competency questionnaires. Guest speakers are arranged to deliver specialist topics to the staff, which over recent months has included presentations about aged care abuse and neglect, and resident

		rights/advocacy. The older adult mental health team also provide education on topics pertinent to resident behaviour, or as in one instance because of interventions implemented in response to a complaint, which highlighted a gap in staff knowledge regarding resident behaviour management. All registered nurses and caregivers who administer medications have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 17 caregivers, 11 have completed their level four NZQA qualifications and all have completed the required dementia modules. Two caregivers have their level three, and two have their level two. All new staff are on the NZQA pathway. The clinical manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, controlled drugs, manual handling, restraint, syringe driver and emergencies. At the time of audit, there were seven permanent or casual registered nurses who have completed interRAI training.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Five staff records reviewed (two caregivers, one registered nurse, one kitchen hand, and one diversional therapist) included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Professional qualifications are validated prior to employment, and a register of practising certificates is maintained for all health professionals (sighted). 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 to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the home and the organisation. Review of staff records, review of the staff appraisal schedule, plus discussion with staff evidenced that all staff who have been employed for a

		year or more have a current performance appraisal on record.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident records were reviewed. The registered nurses are responsible for all resident's assessments, care planning and evaluation of care. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. All residents' files reviewed included detailed 24-hour activity plans, which reflected close to normal routine for the residents, with detailed interventions to guide care staff for distraction, de-escalation and the management of challenging behaviours. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the nurse practitioner within required timeframes and when their health status changes. There is one

		nurse practitioner who visits weekly and as required. Medical documentation and records reviewed were current. The nurse practitioner was unavailable for interview. After-hours care is provided by the local public hospital when needed. If a physiotherapist is required, a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, mental health specialists, and medical specialists are available as required through Health New Zealand. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there were no pressure injuries or wounds. A small number of residents had minor skin tears. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and behaviour charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. This was observed and found to be comprehensive in nature. Review of documentation and interviews with staff evidenced that all residents have a comprehensive 24-hour activity plan. This addresses the shortfall (3.2.3) identified in the previous audit.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. All staff 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. The clinical manager and registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurse and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses plastic rolls for regular medications, and pro re nata (PRN).

		Blister packs are used for short-course medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in a locked cupboard in the medication room. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening. Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were documented for PRN medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. There are no standing orders in use. There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up. As the facility is currently dementia level only, there are no residents self-administering medication.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Whilst the new additions are being built for the rest home and hospital, the kitchen is operating out of a "container kitchen". The chef confirmed that despite the small space, it is workable. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan current to 27 January 2026. The family/whānau interviewed stated from their perspective, they believed the meal service was adequate. Nutritious snacks were available 24/7.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. The transfer/discharge check list ensures the residents care plan, medication

and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		chart, next of kin/EPOA details and shared goals of care are sent with the resident.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The buildings, plant, and equipment are fit for purpose at Summerset at the Ranges, with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. The current building warrant of fitness expires July 2026. There is an annual maintenance plan 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 per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The dementia (memory care) unit is secure and requires swipe cards to access through the double doors. The residents have easy access to an enclosed courtyard, which provides a circular walkway on a flat surface.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	There are infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and approved by the governing body. The infection prevention policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. The pandemic plan is available for all staff. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).

Subsection 5.4: Surveillance of health care-associated infection (HAI) 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.	FA	The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection prevention. Infection surveillance is the responsibility of the infection prevention coordinator (interviewed). All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings. Staff have received infection prevention related training, including outbreak management. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand. The last Covid-19 outbreak was March/April 2024. This was managed in accordance with all policy, procedures and affected minimal residents and staff. The outbreak was reported appropriately.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	At the time of audit, the service had no restraints in place. The Summerset governance body demonstrates their commitment toward eliminating restraint. There is a national restraint Summerset group. Meetings are attended by the village restraint coordinators. The designated restraint coordinator is a registered nurse (interviewed). Restraint is included as part of the orientation for staff and completed annually through the education plan.

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.

No data to display

End of the report.