

# Summerset Care Limited - Summerset Rototuna

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Rototuna
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 18 September 2025    End date: 19 September 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	67

# Executive summary of the audit

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## 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 Rototuna is part of the Summerset Group of retirement villages and aged care facilities. The service is a spacious, purpose-built facility located in Hamilton. It provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 127 beds, including 43 beds in the care centre (with eight of the rooms available for couples), 20 beds in the memory care unit (dementia) and 56 beds in the serviced apartments.

Summerset Group is an experienced aged care provider, and there are procedures and responsibilities for the safe management of residents at all levels of care.

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

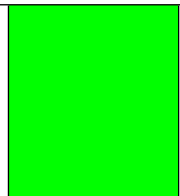
The village manager (non-clinical) has been in the role since August 2021 and is supported by a care centre manager (non-clinical). The management team is supported by the clinical nurse manager, regional quality manager and group operations manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

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

This certification audit identified the service meets the Standard.

Four continuous improvement ratings were awarded in relation to training, activities, nutrition and antimicrobial stewardship.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen to and respect the opinions of the residents and effectively communicate with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaint processes are implemented, and complaints and concerns are actively managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

Summerset Rototuna collates clinical indicator data, and benchmarking occurs. There are human resource policies including recruitment, selection, orientation, staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

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

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

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

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

## **Te aro ki te tangata me te taiao 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.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. All rooms have full ensuites with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

The memory care unit is secure, with a secure outdoor area.

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

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The registered nurse oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Infection outbreaks of Covid-19 occurred in 2024 and 2025 and were managed in accordance with the Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	4	164	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit, there were residents and staff who identified as Māori. Summerset Rototuna is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau, and this is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with a local Māori organisation and kaumātua for guidance and support.</p> <p>Summerset Rototuna evidence commitment to a culturally diverse workforce as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs.</p>

		<p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs. The management and staff interviewed (the village manager (VM), care centre manager (CCM), clinical nurse manager (CNM), regional quality manager (RQM), chef manager, a chef, property manager (PM), office administrator, memory care lead, five registered nurses (RNs), eight caregivers (CGs), one dementia specialist, two diversional therapists (DTs), one laundry, and one cleaner) described how they provide equitable services for 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>	<p>FA</p>	<p>The Pacific Health Plan 2022-2025 and the Summerset Pacific Peoples' Health policy and procedure are documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high-quality healthcare. There were staff but no residents who identified as Pasifika at the time of the audit. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset Rototuna has links with a local organisation to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people to improve outcomes. Interviews with staff and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, Pasifika and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Fourteen residents (eight hospital, six rest home) and seven family/whānau (three hospital, two rest home and two memory care unit) interviewed confirmed that individual cultural beliefs and values were respected and the service is upholding the residents' rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Summerset Rototuna provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of the scheduled in-service training plan.</p> <p>The residents interviewed were positive about the service, as it considered their values and beliefs, and they felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi</p>

		<p>training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are occasionally sung, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The VM and CCM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and felt safe. Police checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management team and the nursing team further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	<p>FA</p>	<p>In interviews, residents and family/whānau reported that communication was open and effective and that they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were</p>

<p>wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>kept well informed about any changes to their relative’s health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents’ records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff were aware of how to access interpreter services if needed. Staff can provide interpretation as needed and utilise family members as appropriate. The VM and CCM reported that any non-subsidised residents who are admitted to the service, are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate, and regular use of hearing aids by residents when required are encouraged.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed, and written general consents were sighted for outings, photographs, release of medical information, medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision-making when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the</p>

<p>exercise independence, choice, and control.</p>		<p>residents' electronic charts and is activated as applicable for residents who are assessed as being incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner (NP) or general practitioner (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs.</p> <p>The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural responsiveness from the Māori perspective on health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected. The service's complaints register was reviewed, and there has been one complaint in 2024, and one reported in 2025 (year to date) since the last audit. The RQM and VM reported that issues are identified at early stages before they escalate to complaints.</p> <p>Documentation showed that the previous complaints/concerns have been acknowledged, investigated, and followed up. Complaint information is used to improve services as appropriate. Quality</p>

		<p>improvements or trends identified are reported to staff. There were no external complaints received since the last audit.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process. Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or supporting the resident or family/whānau in accessing independent advocacy services.</p> <p>The RQM and VM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset Rotorua is certified to provide dementia, rest home and hospital (medical and geriatric) levels of care for up to 127 residents. There are 43 dual-purpose rooms in the care centre, which include eight double rooms. The eight double rooms are for couples, if needed. There was one couple at the time of the audit. The memory care unit has 20 dementia level care beds, which are all Licence to Occupy (LTO) apartments with no standard rooms. There are also 56 serviced apartments certified for rest home-level care.</p> <p>On the day of the audit, there were 67 residents: 32 hospital, 18 dementia, and 17 rest home level care residents, including five residents in the serviced apartments.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group, which is run monthly and chaired by the Head of Clinical Services. Members of the committee include the RQMs, Clinical</p>

	<p>Improvement Manager, Dementia Specialists, Clinical Pharmacist, Programme Lead - Diversional Therapy and the Clinical Learning and Development Manager. The Summerset governing body have access to cultural support through a village manager from another facility where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Head of Clinical Services (chair of the group) reports to the General Manager of Clinical Services. The General Manager of Clinical Services works with the General Manager of Operations and Summerset's chief executive officer (CEO) to ensure the necessary resources, systems, and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the National Clinical Review Group (governing body for clinical) have completed training provided in Summerset's learning platform (iLearn) on Te Tiriti o Waitangi, health equity and cultural safety. Terms of reference operate for the National Clinical Review Group. Orientation and training are not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required, and the People and Culture team can provide internal support. There is a cultural advisor on the Board. There is a quality and risk management programme and a strategic plan documented based on the service's vision and mission. The organisation's philosophy and strategic plan reflect a resident and family/whānau-centred approach to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care and improve outcomes for all residents. Cultural safety is embedded within the business plan (reviewed quarterly), quality plan, and staff training. The bi-monthly General Manager of Operations and General Manager of Clinical Services</p>
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		<p>report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains, high level complaints, combined financial performance summary for operations, care and food services, safe staffing benchmarking for caregivers and RNs, clinical indicators, summary of external and internal certification and surveillance audits, and summary of 'category A' events (high risk events).</p> <p>The village manager (non-clinical) and care centre manager (non-clinical) both have extensive backgrounds in aged care management. The management team is supported by a clinical nurse manager, regional quality manager (present at the time of the audit), and group operations manager. The village manager reports monthly to the group operations manager. The care centre manager completes a monthly clinical indicator /analysis report to the regional quality manager, who, in turn, will discuss any issues in the region at the National Clinical Review Group. The regional quality manager has fortnightly meetings with the head of clinical services to address any issues of concern, corrective actions, and any high-risk areas. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The current business plan for Summerset Rototuna describes specific and measurable goals that are reviewed quarterly. Site-specific goals relate to high-quality care, health and safety, dementia friendly, customer experience, staff satisfaction, workforce learning development, and sustainability and social responsibility. The goals are reviewed quarterly.</p> <p>The management team have completed the required training hours related to the management of a care facility and includes leadership training with topics on conflict management, change management, complaints management, and Code of Ethics.</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>FA</p>	<p>Summerset Rototuna is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for</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>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, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign-off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and also emailed to staff's work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed, with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which are available on the Summerset's intranet, which guide staff in the provision of care and services. A resident and family/whānau satisfaction survey was completed in September 2024 and March 2025. Both surveys evidence overall satisfaction in all areas surveyed.</p> <p>A health and safety system is in place. Health and safety is managed by the Operations Health and Safety Committee, which reports to the National Health and Safety Committee for Summerset. There are representatives from each department who meet monthly. Hazard identification forms are completed electronically through Donesafe, and an up-to-date hazard register was reviewed. Health and safety policies are implemented, and the health and safety committee monitors hazards. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the theme raised. Staff incident, hazards and risk information is collated at the facility level, reported to the national level and a consolidated report and analysis of all facilities is then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues, and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the hazard</p>
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		<p>identification form.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the 10 accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager, and further alerts senior team members depending on the risk level. Incident and accident data are collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis of practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>Discussions with the RQM, VM, and CCM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed as required. The events policy and procedure has been updated to reflect the severity assessment code (SAC) 1 and SAC 2 events reporting procedure to the Health Quality and Safety Commission, and management are aware of this. SAC 2 events were reported as required.</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>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week, Monday to Friday. The clinical nurse manager works full time and provides clinical on-call cover for the care centre. The care centre manager is on call for any non-clinical issues for the care centre, while the village manager is on call 24/7 for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery</p>

	<p>of care and support. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The service apartment has caregivers allocated across all shifts. The roster reviewed evidenced RN coverage 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. A Kaitiaki role provides support for the wellbeing team and caregivers seven days a week. There are separate staff dedicated to recreation, cleaning and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule in place. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand. Learning content provides staff with up-to-date information on Māori health outcomes and disparities and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Thirty-two caregivers have achieved level 4, eight have completed level 3, two have completed level 2 NZQA qualification, and six are still to be enrolled. Eight caregivers are permanently rostered in the secure memory care unit, and seven have achieved the required dementia related unit standards, while one is still in training. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, hand hygiene, and PPE donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There is a national learning and development team that supports staff</p>
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		<p>with online training resources. A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses complete specific competencies, including syringe driver and interRAI assessment competency. Six of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, and identifying and assessing the unwell resident. Registered nurses are supported to complete the professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations.</p> <p>A continuous improvement rating was awarded for the registered nurse upkeep programme.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset Rototuna is supported by a People and Culture team for recruitment processes. Eleven staff files were reviewed, including one clinical nurse manager, one memory care lead, two RNs, two caregivers, a chef, one diversional therapist, one kitchen assistant, a cleaner, and a laundry person. The files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>All performance appraisals were being completed as per the appraisal schedule. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is</p>

		kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting GP, NP and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The VM and RQM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The VM and RQM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The care centre manager or clinical nurse manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry for any resident has not yet occurred, and would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed for this audit: four hospital residents, three rest home level care (including one resident who resides within the serviced apartments), and two in the memory care unit. The registered nurses are responsible for conducting all assessments and for development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>The diversional therapists (DTs) complete a “my life story” (residents’ profile) booklet that outlines the residents’ interests, life history and significant connections. An activities assessment is completed with the information from the resident’s profile. For residents in the secure memory care unit, the residents’ needs in relation to individual</p>

	<p>diversional, motivational, and recreational therapy during the 24-hour period are integrated throughout all the sections of the long-term care plan.</p> <p>The “my life story” booklet is tailored for Māori residents to identify their cultural connections and preferences. From this, the registered nurse develops a care plan to ensure staff are aware of the resident’s cultural needs. Residents and family/whānau interviewed confirmed their extensive input into this.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident’s care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within the timeframes required. The long-term care plan includes interventions to guide care delivery and was reflective of assessed needs. The care plans are holistic and align with the service’s model of person-centred care. Behaviour support plans include a description of the resident’s current abilities, level of independence, identified needs/deficits, habits, routines and behavioural characteristics. Any resident with behaviour that challenge have prevention-based strategies for minimising episodes of challenging behaviours.</p> <p>Care plan evaluations were completed and updated as resident care needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>A general practitioner (GP) and nurse practitioner (NP) from a local practice ensure residents are assessed within five working days of admission. The GP/NP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). The medical practice provides on-call</p>
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	<p>service for after hours and on weekends. When interviewed, the nurse practitioner expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who visits regularly for two hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, continence advisor, hospice specialists, mental health services for older people (MHSOP) and wound care/district specialist nurse have been involved in residents' care.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported that their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were nine wounds (on the day of audit) and no pressure injuries. Documented wounds included leg ulcers, skin tears, a blister and two residents with skin breakdown due to moisture. The wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression where required. The registered nurses reported that the wound care specialist has input into chronic wounds and any pressure injuries when they do occur. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted).</p>
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		<p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two diversional therapists and two kaitiaki who deliver the programme seven days per week. The activities team have current first aid certificates. The programme is supported by the kaitiaki, caregivers, community groups, pastoral care and volunteers. The serviced apartment residents attend the same programme, and residents interviewed said they choose which sessions they want to attend. The programme is well-advertised.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter and activities programme printed and delivered to individual residents and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. A resident's profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A recreation plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. Those residents who prefer to</p>

		<p>stay in their room or cannot participate in group activities, have one-on-one visits and activities such as manicures, hand massage, and newspaper reading, are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>Activities in the memory care unit are tailored to individual residents and include singing, arts and crafts, baking, domestic chores, puzzles, and ball games. Residents in the memory care unit participate in some group activities with other residents outside the memory care unit. There are separate, quieter spaces where residents can sit if they wish not to partake in activities.</p> <p>There are resident meetings which are facilitated by the care centre manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback. Residents and family/whānau can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated that the activity programme is meaningful and engaging.</p> <p>A continuous improvement rating was awarded in relation to meaningful activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses a robotic system for packaging medications for regular use. All medications are checked on delivery against the electronic medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are</p>

		<p>monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed that the GP reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-administering their medications at the time of the audit. The facility has policy and procedures in place to manage self-administration of medication if required, which will require a cognitive assessment to be completed, with regular three-monthly reviews by the GP.</p> <p>Pro re nata (PRN) medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical nurse manager, care centre manager and registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well-equipped and a current approved food control plan (expires 27 June 2026) was evidenced. Dry ingredients were decanted into containers for ease of access, with all dry goods evidencing a decanting and/or expiry date. The four-weekly</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>seasonal menu has been recently reviewed by a dietitian before the implementation of the spring menu. The chef manager is supported by two other chefs, five kitchen assistants and three kitchen hands. All kitchen staff have completed safe food handling and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods) or residents with weight loss. The chef manager has access to the nutrition aspects of the electronic resident information. Resident's nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with choices of meals each meal, plus access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice, and tikanga guidelines are available to all staff.</p> <p>The kitchen team are assigned daily tasks, which include fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Food is transported in hot boxes to the satellite kitchen in the main dining room of the care centre on level one, to the satellite kitchen/dining area of the rest home residents in serviced apartments, and the memory care unit kitchenette. Meals are served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, which is used to transport food carriers to each floor and dishes back to the kitchen. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. On the day of the audit, meals were observed to be well presented, and the dining experience and environment were safe and pleasurable.</p> <p>The residents and family/whānau interviewed were very</p>
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		<p>complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p> <p>A continuous improvement rating was awarded in relation to person centred care by choice of menu.</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>The transfer and discharge policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau/ EPOA, NP and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for the transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and the current needs of the resident. Referrals to other allied health providers were completed where required.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP, NP and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews. Family/ whānau are involved and will support residents in the memory care unit when they are transferred to hospital.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p>	FA	<p>The building holds a current building warranty of fitness which expires 10 December 2025. The full-time property manager (interviewed) is supported by two maintenance assistants (both full time) and three gardeners (two full time and one part time), who address day to day repairs and complete planned maintenance per program. There is an</p>

<p>centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, completed on 21 August 2025. Records sighted of the calibration of medical equipment evidenced that this has occurred as scheduled on 22 August 2025. Resident equipment checks, call bell, and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.</p> <p>The care centre is a three-level facility. The ground floor includes serviced care apartments, service areas and a secure memory care unit. Level one has dual-purpose hospital/rest home rooms. There are also serviced apartments on level one. Level two includes serviced apartments. All serviced apartments can provide rest home-level care. There is also family room/s available.</p> <p>In the dual-purpose areas, there are large, spacious corridors. All resident rooms are personalised with an ensuite, with handrails in ensuites and bathrooms. While all rooms are single with large spaces for equipment and mobility, eight rooms can cater for couples. Flooring and fixtures are appropriate throughout the building. There are ceiling hoists in the rooms.</p> <p>There is a large dining room and lounge area, with smaller quiet rooms available. Group activities occur in the main lounges, and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. A satellite kitchen is available, which can be used for cooking (an induction oven is in place) or serving food.</p> <p>There are lifts between floors; one is large enough for a bed/stretcher if needed. There are stairwells allowing access for staff or residents from other floors.</p> <p>Memory care unit.</p> <p>The memory loss unit is secure. Visitors have speaker access to staff, and then the door will be released to enter the entrance foyer. There is a glass door from the foyer into the unit, which will be opened by staff</p>
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		<p>for visitors to enter. It has frosting on the glass to draw residents' attention away from the door. All exits in and out of the unit require swipe card access by staff. Decals are used around the corridors to distract residents from locked rooms, dead-end walls and doors. Contrasting colours in some areas, such as ensuites, provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated. Each resident room entrance door has a different panel. There is a large dining room and lounge area, with smaller quiet rooms available. A satellite kitchen is available, which can be used for cooking (an induction oven is in place) or serving food.</p> <p>The Memory Care unit is built around a large, secure, landscaped courtyard. The courtyard is accessible to the residents in the Memory Care unit from both lounges. There are external paths that lead from the dining area and from the lounge, with large sliding doors and are wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering.</p> <p>The facility is heated and cooled via centralised ducts. There are heat pumps in resident rooms and service apartments for residents to adjust the temperature of their rooms to their liking. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans. The gardens have been maintained to a high standard, and seating and shade are provided.</p> <p>There has been involvement with elders from the local iwi around the building and the grounds. At an organisational level, the building design team have consulted with Māori. Management acknowledges that any future development of new buildings will involve meaningful consultation and co-design with Māori, ensuring that the built environments authentically reflect Māori aspirations, cultural identity and values.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency/disaster management policies outline the specific

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff and visitors are informed of the correct action to take during commencement of employment, or via the admission process for their relative. The audit team were given a health and safety briefing on the commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 28 October 2020. Fire evacuation drills are held six-monthly; the last one completed on 28 May 2025.</p> <p>Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, a gas hob and gas barbecues are available. The provider has a large generator on site, which is tested monthly. Resident's rooms throughout the facility have air conditioning units. The communal living areas are heated and cooled via ceiling heating/cooling systems. In the event of a civil defence emergency, sufficient lighting is provided, call bells are fully operational, and all information technology remains functional. There is a sufficient supply of emergency water available for residents and staff; a total of 8000litres in the water tank and bottled water. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in residents' rooms, lounge areas, and toilets/bathrooms, which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as part of the maintenance audit. The residents were observed to have their call bells in proximity.</p> <p>Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, and there are security cameras located at the reception/entrance. The main gates and front doors close automatically. A timer is set for summer and winter hours.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked to the electronic quality risk and incident reporting system. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the Summerset strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the support office, a microbiologist, Public Health and Health New Zealand. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by the support office in consultation with the infection control coordinators, and proposed changes are consulted with village managers and care centre managers/clinical nurse leads, as appropriate before its completion.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, RNs, and staff meetings. The data is also benchmarked with the other Summerset facilities. Further to this, Summerset benchmarks with other aged care organisations and presents the results to their facilities. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional quality manager to the head of clinical services. The Board knows and understands its responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe.</p>	<p>FA</p>	<p>A registered nurse oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.</p>

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

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>includes ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed, including cleaning, laundry and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and the outcomes of regular audits outcomes at staff meetings.</p> <p>Records of monthly data sighted confirmed infections are compared with previous months, the reason for the increase or decrease, and action is implemented. New infections are discussed at shift handovers to ensure interventions are implemented as soon as they can be. Benchmarking is completed with other facilities.</p> <p>The infection control coordinator confirmed residents are offered vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There have been Covid-19 infection outbreaks reported in January, June, November 2024 and August 2025 since the last audit. These were managed in accordance with the pandemic plan, with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. The infection control coordinator also provides support to maintain a safe environment during construction, renovation and maintenance activities should this occur. Policies regarding chemical safety, hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with the manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff. There is a sluice room in each area and a sanitiser</p>

		<p>with a stainless-steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection, wear and other personal protective equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits, which reveal any issues. All clothing and linen are laundered on site. The laundry is operational seven days, with dedicated laundry staff Monday to Sunday. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraints. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager, a registered nurse. A job description which defines the responsibilities of the role is in place. Despite the facility being restraint-free, the restraint meetings occur monthly. This meeting reviews policy and procedure, and staff training. Should there be any residents using restraints, the reporting process to governance would include data gathered and</p>

		<p>analysed that supports the ongoing safety of residents and staff.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. This includes cultural considerations and de-escalation techniques.</p>
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## Specific results for criterion where corrective actions are required

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	CI	<p>A quality initiative was developed, aimed to enhance clinical knowledge, confidence, and decision-making skills among registered nurses through a structured six-month RN Upskill Programme. The initiative also sought to improve documentation practices, foster inter-professional collaboration, and support career progression via the Professional Development Recognition Programme (PDRP) and nurse practitioner pathways.</p> <p>Fifteen structured training sessions were delivered, with participation from eight registered nurses and the clinical nurse manager. Learning tools used included Introduction, Situation, Background, Assessment and Recommendation (ISBAR) and clinical reasoning frameworks.</p> <p>All registered nurses initiated (PDRP) applications, and six are progressing toward completion; two registered nurses have enrolled in postgraduate</p>	<p>The initiative overcame initial funding and scope limitations to deliver region-wide benefits. The general practitioner and nurse practitioner involvement provided sustainability and alignment with professional standards.</p> <p>On the day of the audit, there was clear evidence of improved clinical assessment and documentation practices. Resident files reviewed showed timely and comprehensive nursing assessments, including the use of ISBAR communication and clinical reasoning frameworks in progress notes and handover documentation. Care plans were well-documented, up to date, and reflected early identification of health changes and appropriate clinical interventions. Registered nurses demonstrated confidence and clinical leadership during interviews, articulating sound clinical reasoning and a clear understanding of escalation</p>

		<p>nurse practitioner study. Training was extended across villages in the Midlands region, with 25 registered nurses trained in total.</p>	<p>processes. Evidence of ongoing professional development was confirmed through PDRP portfolios, training attendance records, and certificates from the six-month RN Upskill Programme. Communication records and interviews with the RNs and nurse practitioner evidenced collaborative engagement between registered nurses, nurse practitioners, general practitioners and family/whānau, confirming strengthened interdisciplinary teamwork. The programme demonstrated a measurable improvement in clinical assessment and documentation.</p> <p>Registered nurses spoke highly of the RN Upskill Programme, describing it as “transformative and confidence-building.” Staff stated that the training improved their ability to critically analyse complex situations, enhanced their clinical decision-making, and strengthened communication with medical and allied health professionals.</p> <p>The incorporation of clinical reasoning in daily practice supports early recognition of subtle health changes, allowing for prompt interventions and reduced adverse events. Enhanced leadership and collaboration among the nursing team have created a more cohesive, competent, and responsive clinical environment. Ultimately, these improvements have led to better resident outcomes, reduced risk of complications, timely access to advanced clinical support (including nurse practitioner input), and improved overall satisfaction among residents and families.</p> <p>This quality improvement project demonstrated sustained service quality gains and professional development progression for nursing staff. The programme has clear scalability, with further expansion of nurse practitioner training planned in 2026.</p>
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<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>The purpose of the project was to enhance the wellbeing and quality of life of residents living with dementia at Summerset Rototuna through meaningful activities, person centred engagement, and cognitive support. The focus was on reducing behavioural incidents, reliance on medication, and staff stress, while fostering intergenerational and community connections.</p>	<p>Summerset Rototuna has developed and sustained a comprehensive programme of meaningful activities that supports residents' emotional, physical, and cognitive wellbeing. Staff engagement, structured therapy sessions, and community partnerships have been embedded into daily routines, resulting in improved outcomes for both residents and staff.</p> <p>The project has achieved measurable improvements in residents' wellbeing, including enhanced memory, mood, and social connection, alongside a significant reduction in falls. Staff have reported higher morale, reduced workplace stress, and greater confidence in providing dementia care. Community engagement has been strengthened through partnerships with schools and volunteers, further enriching resident experiences. The interventions implemented included introduction of Cognitive Stimulation Therapy (CST) sessions for care centre residents; Spark of Life Rehabilitation Programme implemented for all 17 memory care residents; regular art, music, and pet therapy sessions tailored to resident needs; development of intergenerational partnership with schools and community groups; staff training in memory care unity specific interventions; and use of wellbeing profiles. Falls data shows overall care centre and memory care rates reduced from 15.71% (March 2024) to 8.95% (August 2025).</p> <p>Staff interviews confirmed the programme's positive impact on workplace culture and job satisfaction. They reported that the training and structured activities helped them better understand dementia-related behaviours and respond with empathy and confidence. One caregiver stated, "It's easier to connect with residents now we know what calms</p>

			<p>them and what brings them joy”. Another commented that the wellbeing profiles helped them tailor care more effectively. Staff also mentioned that teamwork had improved, as the shared focus on engagement and wellbeing created stronger collaboration within the unit.</p> <p>Family/whānau spoke positively about the initiative, noting visible improvements in their loved ones’ mood, alertness, and engagement. Family/whānau expressed appreciation for the increased range of purposeful activities, with comments such as “Mum smiles more now”, and “he looks forward to music and pet therapy sessions”. They described staff as attentive, compassionate, and better equipped to manage challenging behaviours without over-reliance on medication. Overall, both relatives and staff identified significant improvements in residents’ quality of life, social interaction, and sense of purpose.</p> <p>During the audit, residents were observed participating in a small group art session facilitated by the activities coordinator, with staff providing gentle encouragement and positive reinforcement. The environment was calm and cheerful, with music softly playing in the background. Visual displays showed photographs of residents participating in recent events, such as pet therapy sessions and school visits, reinforcing the active community connections. Clinical records and wellbeing profiles demonstrated ongoing review and individualised planning for cognitive and emotional support. The falls register confirmed a downward trend in fall incidents, consistent with reported outcomes.</p> <p>Staff were observed interacting respectfully and engaging residents in conversation, using memory prompts and sensory cues. The audit team noted warm, person-centred engagement and strong team</p>
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			collaboration among staff.
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	CI	<p>A quality improvement was developed to improve residents' nutritional outcomes, dining experience, and independence through enhanced mealtime support, greater resident choice, and personalised dietary planning. The initiative aimed to reduce unplanned weight loss, strengthen social connection at mealtimes, and increase overall resident satisfaction with food services.</p> <p>Resident satisfaction surveys and clinical data identified concerns regarding limited meal choices, inflexible dining times, and inconsistent mealtime assistance. Several residents had experienced unplanned weight loss, and feedback indicated that some found mealtimes rushed or lacking social engagement. Staff reported challenges balancing clinical duties with providing quality mealtime support. The dining environment was also identified as needing improvement to better support dignity and independence.</p>	<p>The service has implemented a resident-focused dining and nutrition programme that promotes independence, choice, and dignity. Initiatives include flexible meal service options, resident input into menu development, and additional staff training in person-centred meal support. The project has embedded improved mealtime practices into daily care delivery.</p> <p>Key actions included:</p> <p>Resident-centred care planning: Nutritional needs and food preferences were incorporated into individual care plans. Residents were offered choice in portion sizes, mealtimes, and dining locations (eg, main dining area or room service). The menu re-design was conducted with dietitian input and resident feedback to ensure nutritional adequacy and variety.</p> <p>Kitchen staff, care staff, and clinical staff completed education sessions on person-centred dining support, communication during meals, and safe swallowing techniques. Dining areas were re-arranged to promote social connection, better lighting, and a more home-like atmosphere. Monthly audits of weight, dietary intake, and resident satisfaction were introduced to track progress and outcomes.</p> <p>The project achieved measurable improvements across several indicators (including (but not limited to) a reduction in unplanned weight loss. Data showed a sustained decrease in the number of residents losing more than 5% body weight in a three-month period. Most residents maintained or gained weight following the implementation of the</p>

			<p>programme. Feedback through surveys and focus groups showed residents were happier with meal quality, taste, and choice. Resident satisfaction surveys (2025) indicated a 30% increase in satisfaction with meal quality, variety, and flexibility compared to 2024. Clinical nutrition audits showed a reduction in unplanned weight loss from 12% (March 2024) to 6% (August 2025). Family satisfaction surveys recorded higher ratings in communication, meal quality, and overall dining experience. Weight monitoring records, meeting minutes, and training attendance sheets provided further evidence of sustained improvement.</p> <p>Staff demonstrated improved understanding of nutritional care, better mealtime support practices, and consistent use of person-centred dining approaches. Meal times were observed to be calmer, more social, and supportive of resident dignity and independence. Residents experienced a significant improvement in their dining experience and overall wellbeing. They expressed that meals felt more enjoyable and relaxed, and appreciated having greater control over what and when they ate. The flexible dining approach promoted independence and reduced feelings of frustration or dependency. Improved nutritional intake led to better energy levels, fewer reports of fatigue, and more active participation in daily activities. Social connection increased as more residents chose to dine together in a friendly, communal setting. Residents' confidence and sense of dignity were strengthened, contributing positively to their quality of life. Family and whānau feedback was overwhelmingly positive. They reported noticing improvements in residents' weight, mood, and overall enjoyment of meals. Families/whānau appreciated being included in menu discussions and were pleased with the visible improvements to the</p>
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			<p>dining environment.</p> <p>Families/whānau also expressed confidence that staff were attentive to their loved ones' nutritional needs and individual preferences, strengthening trust in the service.</p> <p>Kitchen and clinical staff reported that the initiative enhanced teamwork and communication across departments. Kitchen staff commented that working closely with the dietitian and care team helped them better understand residents' dietary requirements and preferences. They felt more connected to residents' wellbeing and took pride in delivering meals that residents genuinely enjoyed. Clinical staff stated that the training sessions improved their confidence in assisting residents during meals, recognising signs of poor intake, and documenting nutritional needs accurately. They also reported that meal times had become smoother, with fewer behavioural issues and reduced pressure due to improved organisation and teamwork.</p>
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>A quality improvement was implemented to strengthen infection prevention practices and antimicrobial stewardship (AMS) across all levels of care at Summerset Rototuna, to reduce infection rates, promote responsible antibiotic use, and improve resident health outcomes. The initiative was implemented following analysis of infection data that showed variable rates across the hospital, rest home, and Memory Care units, along with opportunities to enhance medication optimisation and multidisciplinary review processes.</p> <p>In response, the service introduced a comprehensive AMS integration framework involving monthly multidisciplinary reviews, medication rationalisation,</p>	<p>Summerset Rototuna has demonstrated a strong and sustained focus on infection prevention and antimicrobial stewardship through structured governance, leadership, and multidisciplinary engagement. Clear accountability mechanisms, regular clinical review, and comprehensive staff training underpin measurable improvements in control outcomes. The service has achieved a dramatic and sustained reduction in infection rates across all levels of care, with zero infections in the Memory Care unit by July 2025. These improvements reflect strengthened clinical governance, enhanced staff knowledge and confidence, and positive impacts on resident health</p>

		<p>and targeted polypharmacy reduction. Staff received extensive infection prevention and control (IPC) training, achieving a 98.4% completion rate. Leadership and governance oversight were strengthened through regular infection control meetings and clinical audits. Infection surveillance data demonstrated remarkable results.</p>	<p>and wellbeing.</p> <p>Infection rates in the Memory Care unit reduced from 11.26% (November 2024) to 0.0% (July 2025), achieving complete elimination. Hospital-level infection rates decreased from 6.18% to 4.86% between November 2024 and July 2025. Rest home infection rates reduced from 7.70% to 3.44%, reflecting significant progress in resident health outcomes. Chest infection rates dropped from 1.39% to 0.49% between October 2024 and July 2025. There was implementation of AMS integration with monthly multidisciplinary reviews, medication optimisation, and polypharmacy reduction. Infection control training has been completed by 98.4% of staff.</p> <p>Reduced infection rates have led to fewer hospital transfers, faster recovery times, and greater resident comfort and wellbeing. Staff confidence and accountability in infection prevention have increased, and AMS practices are now fully integrated into clinical governance and review systems.</p> <p>During the audit, evidence of these improvements was visible in up-to-date infection control logs, staff competency records, and meeting minutes documenting clinical reviews and AMS discussions. The environment was observed to be clean and well-maintained, with strong adherence to hand hygiene and isolation protocols. Staff spoke positively about the initiative, describing it as one of the most effective and well-supported programmes they had participated in. They highlighted that the training sessions improved their understanding of infection transmission and reinforced consistent use of PPE and hygiene practices. Clinical staff expressed that AMS meetings were valuable learning opportunities, helping them to confidently</p>
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			<p>question antibiotic prescriptions and identify early infection risks. A registered nurse commented, “We’re more proactive now, we identify issues before they become outbreaks.” Housekeeping and caregiving teams also noted improved communication and teamwork between departments, with a shared commitment to infection prevention.</p> <p>Summerset Rototuna has demonstrated a strong, sustained focus on infection prevention and antimicrobial stewardship through structured governance, clinical leadership, and multidisciplinary collaboration. The initiative was undertaken in response to identified infection risks and a strategic goal to align with national AMS standards. Staff education, consistent monitoring, and effective clinical review processes have become embedded in daily practice. These approaches have driven a dramatic and sustained reduction in infection rates across all care levels, including achieving zero infections in the Memory Care unit by July 2025.</p>
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End of the report.