

# Summerset Care Limited - Summerset Cambridge

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset Cambridge

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 5 December 2025      End date: 5 December 2025

**Proposed changes to current services (if any):** The organisation has built a new care centre, which is part of the Summerset Cambridge village. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility (three levels noting that the third level [known as level 2] only has serviced apartments). On the ground floor, there are 20 rooms in the secure (dementia) memory care unit (all 20 rooms were verified as suitable as double rooms for couples but the service would only have two couples if needed at any given time).

On level one, there are 40 dual-purpose rooms (36 care suites and four care apartments). Fourteen rooms have been verified as suitable for doubles.

There are 56 serviced apartments in total across three floors and verified as suitable for rest home level of care. There are nine serviced apartments on the ground floor. There are 19 serviced apartments on level one and 28 serviced apartments on level two. In summary, there are a total of 116 beds (20 dementia beds, 40 dual purpose beds (level one) and 56 rest home beds within serviced apartments (across three floors). The service is planning to open the service on 23 February 2026.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# 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.

## General overview of the audit

Summerset Cambridge is a new retirement village complex in Cambridge. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility.

The service is across three levels. On the ground floor, there are 20 rooms in the secure (dementia) memory care unit (the service has the option to have up to two couples if needed). On level one, there are 40 dual-purpose rooms (36 care suites and four care apartments). Fourteen rooms have been verified as suitable for doubles. There are 56 serviced apartments in total across three floors. All have been verified as suitable for rest home level of care. There are a total of 116 rooms and the service plans to open on 23 February 2026.

The new service has a village manager (nonclinical). A care centre manager (registered nurse) supports the village manager, both have many years in aged care management. The managers are supported by a clinical nurse lead in the dual-purpose unit and a memory care lead (registered nurse) in the memory care unit. The management team at Summerset Cambridge is supported by the regional quality manager, Summerset group operations manager and Summerset dementia specialist.

Summerset Group has a well-established organisational structure, which includes a Board, chief executive officer, operations managers, regional quality managers. Each of the Summerset facilities throughout New Zealand are supported by this structure. Summerset Group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the dual-purpose unit, memory care unit, serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. Summerset is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The improvement required by the service is around the completion of staff orientation and fire drills.

## **Ō tātou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

Summerset Group have a quality assurance and risk management programme and an operational business plan. The business plan is specific to Summerset Cambridge and describes specific and measurable goals that are to be regularly reviewed and updated. There is a transition plan around the opening of the facility.

Summerset Group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. Senior managers across Summerset provide regular updates and reviews and develop policies and procedures. The newly built facility is appropriate for providing these services and meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and

appointment of staff. The organisation has an induction/orientation programme that is being implemented prior to occupancy across four weeks. Required staff competencies will also be completed at this time.

There is a 2026 training plan developed to be implemented at Summerset Cambridge.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area on opening.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

A weekly activity plan has been developed. The programme is designed for residents at rest home and hospital level and a separate plan for residents with memory loss. The diversional therapists will be supported to implement an activity programme with support of the caregivers and Kaitiaki working in the memory care unit.

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice, in accordance with the current Medicine Care Guides. The service has planned to implement a safe implementation of the medication system, including ensuring registered nurses and care staff have completed medication training and competencies. There are secure medication rooms in the dual-purpose unit and memory care unit. An electronic medication system is to be implemented on opening.

The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café on site.

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

The building is completed, and a Certificate of Public Use issued. All building and plant have been built to comply with legislation. The ground floor memory care unit (dementia unit) and the first-floor dual-purpose unit is built around a large, landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the memory care unit. External landscaping is completed.

There are handrails in ensuites and communal bathrooms. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal bathrooms. The apartments in the dementia unit and the serviced apartments all have a separate lounge, ensuite and bedroom. There are ceiling hoists installed in the dual-purpose unit.

Communal areas in all areas are well designed and spacious and allow for a number of activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

A new call bell system has been installed throughout the facility.

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

There are clear lines of accountability, which are recorded in the infection control policy. The care centre manager has been appointed as the infection control officer across the facility. Monthly collation of infection rates is scheduled to be completed. Infection control is an agenda item of the quality meeting and registered nurse meeting. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Summerset Cambridge has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor with clean and dirty flow. The facility includes secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

## Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The induction programme prior to opening includes training around restraint elimination and competency assessments. Competencies are to be completed annually. The care centre manager is appointed as the restraint coordinator. Restraint meetings are to be held as part of the monthly registered nurse meeting. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme prior to opening.

## 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	12	0	2	0	0	0
Criteria	0	92	0	2	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset Cambridge is a new retirement village complex. The care centre and apartments being certified are across three floors.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility (three levels; noting that the third level [known as level 2] only has serviced apartments).</p> <p>On the ground floor, there are 20 rooms in the secure memory unit (all 20 rooms were verified as suitable as double rooms for couples but the service would only have two couples if needed at any given time).</p> <p>On level one, there are 40 dual-purpose rooms (36 care suites and four care apartments). Fourteen rooms have been verified as suitable for doubles.</p> <p>There are 56 serviced apartments in total across three floors. All have been verified as suitable for rest home. There are nine serviced apartments on the ground floor. There are 19 serviced apartments on level one and 28 serviced apartments on level two.</p> <p>In summary, there are a total of 116 beds (20 dementia beds, 40 dual purpose beds (level 1) and 56 rest home beds within serviced apartments (across three floors). The service is planning to open the</p>

		<p>service on 23 February 2026.</p> <p>The management team (village manager, care centre manager, regional quality manager and property manager) assisted during the audit. Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group who meet monthly and is chaired by the General Manager (GM) of Clinical Services who reports to the GM of Operations.</p> <p>All services at Summerset work with the Chief Operating Officer and Summersets CEO to ensure the necessary resources, systems and processes are in place that support effective governance.</p> <p>Other members of the National Clinical Review Group include the include Head of Clinical Delivery, Head of Clinical Improvement, Regional Quality Managers, Care Capability Specialist, National Dementia Specialist, National Clinical Pharmacist, and National Therapeutic Recreational Lead. There is also Māori representation on the group.</p> <p>Members of the National Clinical Review Group have completed training provided in Summerset’s learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. There are terms of reference for the National Clinical Review Group.</p> <p>All members of the National Clinical Review Group have the required skills to support effective governance over operational, clinical services, quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a quality and risk management programme and a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of “to create a great place to work where our people can thrive.” The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The Governance body for Summerset have completed cultural training to</p>
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		<p>ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The home was blessed on the 28 November 2025. There is a specific meeting planned with kaumātua and staff in January.</p> <p>The 2025-2026 business plan is specific to Summerset Cambridge describes specific and measurable goals that are to be regularly reviewed and updated. Site specific goals relate to setting up a new village and care centre. The 2025 business plan is in progress.</p> <p>The documented quality programme requires regular (weekly and monthly) site specific 'clinical, quality and compliance and risk' reports that will be completed by the care centre manager and village manager and are available to the senior team. High risk areas are to be automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The new service has a village manager that has been in their role since January 2023. A care centre manager (registered nurse) supports the village manager, both have many years' experience in aged care management. The managers are supported by a clinical nurse lead in the dual-purpose unit and a memory care lead in the dementia unit. The management team at Summerset Cambridge is supported by the regional quality manager, Summerset group operations manager and Summerset dementia specialist.</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-</p>	<p>FA</p>	<p>There is a safe staffing policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There are a number of documented rosters available that demonstrates increase in staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents will be keep informed in relation to changing staffing levels.</p> <p>There is a roster for the opening of the care centre. There is sufficient staff employed to date to cover the roster on opening. Staff currently employed include fifteen caregivers, and four RNs, four of which are</p>

<p>centred services.</p>	<p>interRAI trained. A further three RNs have been recruited and the service is in the process of employment. The care centre manager and clinical nurse lead will be the RNs to cover the mornings across seven days to begin with additional RNs added to the roster as occupancy increases.</p> <p>The service continues to recruit staff including (but not limited) caregivers and registered nurses. The service intends to admit up to three residents a week on opening. There is a pool of four casual caregivers employed to provide support to the roster and resources can be shared between close by sister facilities. On call (after hours) services for clinical advice will be provided by the Somerset National Clinical support services (telehealth support).</p> <p>The roster for full occupancy includes:</p> <p>In the dementia unit (memory care), the roster includes two caregivers on each shift (morning, afternoon, and night), with a full time Memory Care Lead rostered to support. Recruitment for qualified DTs are well in advanced. Initially, the roster provides for caregivers to provide care centre activities between 10.00 am and 11.30 am and 1.30pm-3.00pm. In the dual-purpose unit, there will be two registered nurses across the morning and afternoon shifts and a registered nurse on night shift. In the serviced apartments there is a caregiver rostered on the AM shift, PM shift, night shift and a registered nurse rostered 4-6 hours daily. The serviced apartments are also supported by the care centre manager and clinical nurse lead.</p> <p>All caregivers will be enrolled to complete the dementia standards at induction. There is a Careerforce assessor available to support caregivers through training. All, except three, caregivers employed have a level four New Zealand Qualification Authority (NZQA) certificate in Health and Wellbeing.</p> <p>Somerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, and fire officer.</p> <p>The service has a contract with an aged care medical services to provide general practitioner/ nurse practitioner (GP/NP) services. Initially the GP will visit twice weekly. The GP service provides on-call cover across</p>
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		<p>24/7. A contract has been obtained with a physiotherapist for 20 hours a week. Other contracts include a local pharmacy, dietitian through Summerset, and podiatrist.</p> <p>A 2026 education planner (as part of the quality programme annual planner) is available for the service. There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include (but not limited to) palliative care training; specialised wound care training; dementia strategy; Treaty of Waitangi; and Māori health. There is a national learning and development team that support staff with online training resources.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; completion of neurological observations, first aid, van assessment, Code of Ethics, communication; cultural competence; PPE; fire safety; and emergency management. These are to be completed during induction prior to opening (link 2.4.4).</p> <p>The service will encourage all their staff to attend monthly meetings (e.g., staff meetings, quality meetings). Resident and family/whānau meetings are to be held monthly and will provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>A health and safety team is to commence monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace. Environmental internal audits are scheduled to be completed. Staff wellness is to be encouraged through participation in health and wellbeing activities. Information supporting the Employees (TELUS) is available to staff when employed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse</p>	<p>PA Low</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that includes</p>

<p>mix of people in adequate numbers meet my needs.  Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.  As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff have an appraisal at 12 weeks and 6 months following employment and annually thereafter.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. A four-week orientation programme has been developed for all staff and this is due to commence the week 8th January. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; and palliative- end of life training. The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; Medimap; emergency and fire training; and dementia model of care.</p> <p>The four weeks also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
<p>Subsection 3.3: Individualised activities  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</p>	<p>FA</p>	<p>The recruitment of three diversional therapists (DT) are well advanced. A transition plan provided evidences how caregivers will be allocated to assist with activities until such time as when recruitment process is completed. Activities are planned across seven days.</p> <p>Initially on opening, the Memory Care Unit (dementia unit), the memory care lead and clinical nurse lead will be responsible for the assessment and planning of activities for each individual resident. The diversional</p>

<p>meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>therapists will be supported to implement an activity programme, with support of the caregivers and three kaitiaki roles working across the home. The Kaitiaki roles help with activities and feeding residents.</p> <p>A weekly activity plan has been developed and this will be adjusted as the interests of the residents are determined. A weekly activity plan has been developed. The programme is designed for residents at rest home and hospital level and a separate plan for residents with memory loss. The national programme lead diversional therapy specialist will support the activity team. A facility mobility van is available for outings for all residents. The lounge areas include a quiet lounge, and specific activity room and area. The lounges include seating placed for individual or group activities. Some of the regular activities to be provided will include music; visiting entertainers; pet therapy; van outings; visits to the library/shopping; exercises; memory lane; and group games. One-on-one sessions include hand and nail pampering and reading with residents. There is a specific interactive room in the unit that includes a Tovertafel, which uses interactive light projections.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan is developed from this. The activity plans on the electronic VCare system allow for identifying individual diversional, motivational, and recreational therapy across a 24-hour period. Assessment templates identify former routines and activities that the resident is familiar with and enjoys. The activities plan is to be integrated within the overall care plan on VCare.</p> <p>The national programme lead diversional therapy specialist is based in Auckland and provides support, training, education support, and guidance.</p> <p>There are cultural events included as part of the activity planner such as Māori language week and Matariki. The Māori health plan includes an admission flowchart that aims to support Māori residents with their health needs and aspirations in the community. The flowchart includes notifying and accessing support/advice from significant others, such as whānau and kaumātua. The service has identified links with local iwi. Te reo Māori is to be encouraged through greetings, in meetings and through documentation.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed robotic medication system, with a contract in place from a local pharmacy, for the provision of this service which includes two weekly robotics. There is a spacious locked medication room in the care centre on level one. For serviced apartments, medications will be stored in a locked cupboard in each resident room in the serviced apartment. There is a secure medication room in the memory care unit. The service is intending to roll out Medimap on opening. The managers confirmed appropriate WI-FI services are available.</p> <p>Medication trolleys and medication fridges are available for each medication room. The medication rooms are secure and furnished. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is to be completed. Medication training and competencies are to be completed at orientation (link 2.4.4). A competency policy and competency assessment are available.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that only registered nurses and senior caregivers, deemed competent, will be responsible for administration of medications. Summerset do not use standing orders,</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>All over the counter medications residents wish to take, will be reviewed by the GP/NP, and prescribed on the Medimap system.</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</p>	<p>FA</p>	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a chef manager, chef cook and three chefs, three kitchen assistants and two café assistants employed to date. Training plan link 2.2.4</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the village residents. There is a walk-in chiller, freezer, and pantry. There is a 4-week summer winter menu approved by a dietitian (27 October 2025). Food is to be 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 kitchen. Meals are to be served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, which will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery, and resident food equipment has been purchased. The kitchen is operational. There is a registered Food Control Plan (expires 27 June 2026).</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented. Food safety in-service training will be conducted. Māori and Pasifika food service training is also included in the training programme.</p> <p>There is a fridge in the kitchenette in the memory care unit that can hold snacks available 24/7. There is induction hobs in the kitchenette of the memory care unit and dual-purpose units with safety features including covers. Boiling water taps in kitchenettes have a safety mechanism. Advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff will be involved in the activities theme months, particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The kitchen manager is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents.</p>
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<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A staged building project has been underway, which includes retirement villas and facilities, and the care centre. There is a ground floor, level one, and level two (with level two only for serviced apartments).</p> <p>The building is fully completed. There is a Certificate of Public Use dated 19 November 2025. All building and plant have been built to comply with legislation. The resident areas are fully furnished and carpeted throughout. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are hand sanitiser dispensers available throughout.</p> <p>There are seats available for resting to be placed around the hallways. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment on all floors. There are communal mobility toilets near lounges. Visitor toilets are also available.</p> <p>All electrical equipment and other machinery is new and will be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased. The new furniture and equipment are appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment across all floors.</p> <p>There is a property manager and assistants employed. The maintenance schedule includes checking of equipment, and completion of call bell audits and hot water temperatures throughout.</p> <p>Dementia Unit (memory care unit).</p> <p>On the ground floor, there are 20 rooms in the secure memory care unit. All rooms are apartments with a lounge, bedroom and ensuite. There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require swipe card access by staff. Coloured walls/decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated. There is a secure enclosed nurse's station.</p>
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	<p>The ground floor memory care unit is built around a large, landscaped courtyard. The courtyard is accessible for the residents in the memory care unit from both lounges on each side. There are external paths that lead from the dining area and also from the lounge, with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters, seating, and umbrellas for shade.</p> <p>Dual-purpose Unit (first floor):</p> <p>In the dual-purpose rooms on level one, there are large spacious corridors. All resident rooms include electric beds and appropriate mattresses for pressure relief. There are ceiling tracks for hoists in each bedroom. There are 40 dual-purpose rooms (36 care suites and 4 care apartments). Fourteen rooms have been verified as suitable for couples.</p> <p>There are two lifts between floors; one is large enough for a bed/stretcher if needed. There are two stairwells at either end of the building and one through the middle (three in total).</p> <p>The care centre on level one has been divided into smaller homesteads with their own dining and lounge area. There is an open-plan nurse's station near the two dining areas and two lounges, a secure medication/treatment room, and care home manager's meeting room. There is also a family/whānau room available. It was noted that there were a number of balconied rooms and a large balcony off the lounge area, where residents in the dual-purpose unit can look down over the bowling area. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. External landscaping is completed with a number of areas for residents to enjoy.</p> <p>Certified serviced apartments (across three floors).</p> <p>Each apartment on the 1st and 2nd floor has access to a lift to transfer to the community centre on the ground floor. There is a nurse's station in the centre of the serviced apartments on the 1st floor. There is a specific serviced apartment dining room on level one (for rest home residents) and also on the ground floor for rest home residents. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge and separate bedroom and ensuite. Ensuites have underfloor heating. There are 56 serviced apartments in</p>
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		<p>total. All have been verified as suitable for rest home.</p> <p>Ventilation and heating is managed through a central building management system (BMS), rooms and lounges are equipped with heat pumps that can be individually dialled. The rooms gave plenty of natural sunlight with big windows, some have slider doors.</p> <p>All access to outdoor areas are safe with the provision of seating and shade. There are separate toilets for staff and visitors to use with the appropriate vacant/ in use locks. Disability toilets are situated near the lounges/dining rooms.</p> <p>All rooms, ensuites and communal areas are spacious to provide for the safe manoeuvring of mobility equipment.</p> <p>The service has established relationships with the local Iwi who have also blessed the land and provided a blessing to the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The site-specific emergency manual for Summerset Cambridge includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. There is an emergency management plan for developing villages 2025, and an emergency management and civil defence plan 2025.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. There are enough staff currently and already employed to provide first aid cover on most of the shifts. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p> <p>The fire service has all fire exits in place. There are fire curtains in walls around open spaces such as lounges. The fire evacuation scheme has been approved by the NZFS 19 November 2025 with a fire drill being held as part of induction week January 2026. All currently employed staff have completed their fire drill on 4 December 2025 and further fire drills planned for on coming staff.</p>

		<p>The service also has a generator available in the event of a power failure for emergency power supply and is connected to the BMS. There are also extra blankets available. There is a civil defence cupboard which includes all necessary civil defence requirements. A number of water tanks are available that meets the requirements of the local civil defence guidelines (more than 15000 litres). Satellite phones are accessible. Sufficient food stores are available.</p> <p>A new call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Staff will also have phones.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the Memory Care Unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light in their ensuite automatically turns on and lights under the bed. This prompts the resident to go to the toilet and then on leaving the ensuite, the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident.</p> <p>There is a separate entrance area into the memory care unit. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require swipe card access by staff.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk, with phone access. The main gate to the village closes after a predetermined time, and accessible by pressing a call button. The village is regularly monitored by a security firm. There are closed circuit television cameras at the main entry and exit doors.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset Cambridge business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p>

<p>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>Summerset has as part of their senior management team, personnel with expertise in IPC and AMS. Summerset has a National Infection prevention and Control Group that meets bi- monthly. All IC coordinators across Summerset are part of this committee. The care centre manager has attended a meeting since their employment.</p> <p>Infection rates and trends are discussed at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset Operations. Proposed corrective actions, improvements and infection prevention and control projects are discussed at the meeting. Internal and external benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), the national clinical team, the GP/NP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, and Health New Zealand when required.</p> <p>The care centre manager has been appointed as the infection control coordinator (IC) and has completed training for the role. There is a documented IC role description.</p> <p>There are adequate resources to implement the infection control programme at Summerset Cambridge.</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. 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,</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built</p>

<p>and scope of our services.</p>		<p>environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), are available should a resident infection or outbreak occur. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The IC is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The four-week induction programme includes infection control.</p> <p>Annual infection control training is included in the mandatory in-services that will be held for all staff. The 2026 plan was sighted. The IC has access to an online training system with resources, guidelines, and best practice.</p> <p>At site level, PPE including face masks and face shields have been purchased. All other equipment/resources including additional PPE are purchased at national level. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is planned to be washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. The infection control policy provides guidance to reflect the spirit of Te Tiriti o Waitangi. The care centre manager explained that residents who identify as Māori will be consulted on infection control requirements as needed. The service has printed educational resources in te reo Māori.</p> <p>There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Infection control audits are part of the quality and risk management system, and the audits will monitor the effectiveness of the appropriate procedures.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is to be monitored, recorded, and analysed at site level. Trends are identified at national level, and also will</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>be at facility level on opening. Feedback and further input occur from national senior management level.</p> <p>Significant events are reported to the senior team and National infection prevention and control Group. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The Summerset Clinical pharmacist and geriatrician have oversight of AMS data.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. This will be implemented at Summerset Cambridge. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>An outbreak management plan including a pandemic plan is documented with available resources to implement the programme swiftly. There are processes in place to isolate infectious residents when required. Outbreak response is completed at orientation (link 2.4.4).</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways.</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.  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</p>	<p>FA</p>	<p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice</p>

<p>culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>rooms (in dual purpose care centre service apartments and dementia unit). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>There is enough PPE and equipment provided, such as aprons, gloves, and masks.</p> <p>There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are to be conducted as per the quality assurance programme.</p> <p>All laundry and housekeeping staff have been employed to provide support for cleaning and laundry tasks over seven days.</p> <p>The laundry is in the service area on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryers. Covered linen trolleys are used to transport linen. Laundry chemicals are within a closed system to the washing machine. There are personal laundries in the serviced apartments on each floor. Dirty linen can be transported to the ground floor via a laundry chute in the laundries on each level. Residents' clothing is labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room on each level. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are to be provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The new service is committed to providing services to residents without</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>use of restraint. The restraint policy and procedure is comprehensive and confirms that restraint use is a last resort, must be done in partnership with the resident or their activated EPOA, and the choice of device must be the least restrictive possible.</p> <p>The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, governance reporting and benchmarking. The restraint policy (principles clause 1.4) stated emergency restraint use is not used at Summerset.</p> <p>The policy describes restraint being included as a clinical indicator in the bimonthly report, which will be sent to the National Clinical Review Meeting. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the care centre manager. There is a job description for the role and terms of reference for the restraint review meeting. Restraint meetings are scheduled to be monthly. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>Restraint training and competencies are scheduled in the staff orientation programme prior to opening (link 2.4.4). Behaviours that challenge is also included as part of the induction training and annual training plan.</p> <p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as clinical nurse lead, registered nurses, caregivers, activities staff, and housekeeping staff.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses. Prior to opening, all new staff will complete orientation across four weeks. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those that do not have a</p>	<p>A four-week orientation programme has been developed and orientation for staff starting 27 January 2026. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; cultural care; Treaty of Waitangi; Medimap; emergency and fire training; and dementia model of care.</p>	<p>Ensure staff orientation and competencies are completed.</p> <p>Prior to occupancy days</p>

		<p>current first aid certificate.</p> <p>All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.</p>		
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p>	<p>Fire drills are scheduled for staff during the induction weeks prior to opening.</p>	<p>Ensure fire drills are completed by staff prior to opening</p> <p>Prior to occupancy days</p>

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.