Summerset Care Limited - Summerset by the Ranges

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 by the Ranges
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: 13 January 2026 End date: 13 January 2026

Proposed changes to current services (if any): The organisation has re-opened a new rebuilt care centre. The new care centre will have 20 dual purpose (hospital/rest home) care beds as part of Summerset by the Ranges village. The rooms are all single but can be used as double rooms as needed. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital (medical and geriatric) levels of care in the refurbished facility.

The service is planning to open the service on 2 March 2026.

Total beds occupied across all premises included in the audit on the first day of the audit: 20

Executive summary of the audit

Introduction

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

- ō tātou motika │ our rights
- hunga mahi me te hanganga │ workforce and structure
- ngā huarahi ki te oranga │ pathways to wellbeing
- te aro ki te tangata me te taiao haumaru │ 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

The organisation has re-opened a newly refurbished care centre. The new care centre will have 20 dual purpose (hospital/rest home) care beds as part of Summerset by the Ranges village. The rooms are all single but can be used as double rooms as needed. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital (medical and geriatric) levels of care in the new rebuilt facility. The service is planning to open the service on 2 March 2026. In summary, there are a total of 20 hospital or rest home level beds plus an existing dementia unit of 20 beds, the latter of which was full at the time of audit.

The reconfigured service has a village manager, a care centre manager (registered nurse) supports the village manager, both have many years in aged care management. The management team at Summerset by the Ranges 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 new wing of dual service beds, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care, as well as the existing dementia level care wing. 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, a certificate of public use, formal approval of the fire evacuation plan, a review of fire exits and evacuation routes to ensure they are appropriate for tāngata whaikaha.

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 by the Ranges 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 new wing 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 by the Ranges.

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 staff currently employed to cover the roster across each area on opening.

Ngā huarahi ki te oranga | Pathways to wellbeing

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 dementia unit. An electronic medication system is implemented.

The facility has a large workable kitchen. The menu is designed and reviewed by a registered dietitian. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen.

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

The building is completed. All building and plant have been built to comply with legislation. 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. There are ceiling hoists installed in each of the resident rooms. Communal areas in all areas are well designed and spacious and allow for 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 by the Ranges has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area 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	9	0	3	0	0	0
Criteria	0	37	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The organisation has opened a newly refurbished care centre. The new care centre will have 20 dual purpose (hospital/rest home) care beds as part of Summerset by the Ranges village. The rooms are all single but can be used as double rooms as needed. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital (medical and geriatric) levels of care in the newly built facility. The service is planning to open the service on 2 March 2026. In summary, there are a total of 20 Hospital or rest home level beds plus an existing dementia unit of 20 beds. The dementia unit was full at the time of audit. The management team (village manager, care centre manager and regional quality 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. All services at Summerset work with the Chief Operating Officer and Summerset's CEO to ensure the necessary resources, systems and processes are in place that support effective governance. 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. 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. All members of the National Clinical Review Group have the required skills to support effective governance over operational, clinical services, and quality of resident care. There is financial support available for individual staff members 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's philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. 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. The 2025-2026 business plan specific to Summerset by the Ranges 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 documented quality programme requires regular (weekly and monthly) site specific 'clinical, quality and compliance, and risk' reports that are 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 reached or the goal is achieved. The service has a village manager that has been in their role for six years. A care centre manager (registered nurse) supports the village manager, both have many years of experience in aged care

		management. The managers are supported by a team of RNs and caregivers currently employed in the dementia unit. The management team at Summerset by the Ranges is supported by the regional quality manager, Summerset group operations manager and Summerset dementia specialist.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Discussion with the regional quality manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. No Section 31 notifications have been submitted since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a safe staffing policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There are proposed rosters available that demonstrate increases 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. There is sufficient staff employed to date to cover the roster on opening. Staff currently employed include fourteen caregivers, and six RNs, four of whom are interRAI trained. This is in addition to the staff currently employed for the dementia unit. The service intends to admit up to two residents a week on opening. On call (after hours) services for clinical advice will be provided by the Summerset National Clinical support services (telehealth support). The roster includes an RN for each shift and two caregivers to begin

		with; this is planned to increase as resident numbers and acuity increase. The dementia unit has its own staffing which includes an RN during the day. Separate cleaning and laundry staff are already employed and rostered. Summerset 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. There is an existing contract with a GP service, and this will continue. The nurse practitioner or GP visits weekly and as required. After-hours care is provided by the local public hospital when needed. If a physiotherapist is required, a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, mental health specialists, and medical specialists are available as required through Health New Zealand. 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. 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). 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.

Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	PA Low	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. 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). 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 three-week orientation programme has been developed for all staff, and this is due to commence from the 9th February. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; and palliative and 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. The three-week orientation programme also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice	FA	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. There is a spacious locked medication room in the care centre. The service has implemented the Medimap system. The managers confirmed appropriate Wi-Fi services are available. A medication trolley and a medication fridge are available the medication room. The medication room is secure. The medication administration

guidelines.		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. Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that only registered nurses and caregivers deemed competent, will be responsible for administration of medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a fully staffed kitchen team led by the Chef. The facility has a large purpose-built kitchen. There is a walk-in chiller, freezer, and pantry. There is a 4-week summer/winter menu approved by a dietitian (27 October 2025). There is a registered Food Control Plan (expires 27 June 2026). Meals will be delivered to the kitchenette in the resident dining area and there are hot boxes for resident who might prefer to eat in their rooms. The dining area is large and airy and designed as a pleasant space for meals. All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a dietitian. 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.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.	PA Low	The building is fully completed. The Certificate of Public Use has yet to be formally approved. 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,

Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		flowing soap, and hand towel dispensers. There are hand sanitiser dispensers available throughout. All rooms and communal areas allow for safe use of mobility equipment (link 4.2.1 for external egress). There is adequate space for storage of mobility equipment on all floors. There are communal toilets near lounges. Visitor toilets are also available. 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. 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. There are wide, spacious corridors. All resident rooms include a television, a kitchenette with small fridge, electric beds and appropriate mattresses for pressure relief. There are ceiling tracks for hoists in each bedroom. There are 20 dual-purpose rooms. There is an open-plan nurse's station near the dining area and lounge, a secure medication/treatment room, a board room/ meeting room, a hairdressing salon, and plenty and storage and offices. Residents can bring their own possessions into the home to adorn their room as desired. External landscaping is completed with several areas for residents to enjoy. Ventilation and heating are managed through a central building management system (BMS), rooms and lounges are equipped with heat pumps that can be individually set. The rooms gave plenty of natural sunlight with large windows. There is a service corridor that leads to the laundry, kitchen, secure house-keepers room (chemical storage and cleaning equipment), plant room, and additional sluice and staff room. All rooms, ensuites and communal areas are spacious to provide for the safe manoeuvring of mobility equipment.

		The service has established relationships with the local Iwi who have also blessed the land and provided a blessing to the building.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	The site-specific emergency manual for Summerset by the Ranges 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 and civil defence plan 2025. 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). Summerset by the Ranges has all fire exits in place. The curtains are fire retardant material in the communal spaces, such as lounges. The fire evacuation scheme has yet to approved by FENZ with a fire drill being held as part of induction. The egress from the lounge includes a raised threshold from the door which could inhibit mobility access and egress and the fire exit route from the lounge it routed round the side of the build to a raised kerb. The service 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. Several water tanks are available that meets the requirements of the local civil defence guidelines (more than 15,000 litres). Satellite phones are accessible. Sufficient food stores are available. 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. 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.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of the service and is approved by the National Clinical Review Group. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually. 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 environment. 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 three-week induction programme includes infection control. Annual infection control training is included in the mandatory in-services that will be held for all staff. The 2026 plan was sighted. There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers. Infection control audits are part of the quality and risk management system, and the audits will monitor the effectiveness of the appropriate procedures.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme.	FA	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 is already

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.		implemented at Summerset by the Ranges. The organisation benchmarks surveillance data. 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 discussed at the infection control meetings, quality, and staff meetings. Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways.
Subsection 5.5: Environment 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 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.	FA	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. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice 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. There is enough PPE and equipment provided, such as aprons, gloves, and masks. 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. All laundry and housekeeping staff have been employed to provide support for cleaning and laundry tasks over seven days. The laundry is in the service area 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. The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room. The laundry and cleaning areas have hand washing facilities. Cleaning services are to be provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The service is committed to providing services to residents without 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. The policy has been approved by the National Clinical Review Group. 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.

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)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	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. 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 three weeks. Competencies will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those who do not have a current first aid	A three-week orientation programme has been developed and orientation for new staff commencing on the 9th February 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.	Ensure staff orientation and competencies are completed. Prior to occupancy

		certificate. All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.		
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	The building is fully completed. The Certificate of Public Use has yet to be formally approved	The Certificate of Public Use has yet to be formally approved	Ensure the Certificate of public use is approved. Prior to occupancy
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Low	The building has all fire exits in place. The curtains are fire retardant material in the communal spaces, such as lounges. The fire evacuation scheme has yet to approved by FENZ with a fire drill being held as part of induction. The egress from the lounge includes a raised threshold from the door which could inhibit mobility access and egress. The fire exit route from the lounge is routed round the side of the build to a raised kerb.	1.The fire evacuation scheme has yet to approved by FENZ. 2.The egress from the lounge includes a raised threshold from the door which could inhibit mobility access and egress. 3.The fire exit route from the lounge is routed round the side of the build to a raised kerb.	1.Ensure the fire evacuation scheme is approved by FENZ. 2 and 3.Ensure all fire egress enables mobility access and egress. Prior to occupancy
Criterion 4.2.3 Health care and support workers shall receive appropriate information,	PA Low	Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are	Fire drills are scheduled for staff during the induction weeks prior to opening.	Ensure fire drills are completed by staff prior to opening

training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.		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).		Prior to occupancy

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.