

# Summerset Care Limited - Summerset on Summerhill

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset on Summerhill
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 February 2026      End date: 13 February 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset on Summerhill is certified to provide hospital (geriatric and medical), and rest home level of care for up to forty-five residents. There were forty residents in care on the days of audit.

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

The village manager is supported by an acting care centre manager, and regional quality manager.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas of improvement to follow up from the previous certification audit.

This audit identified shortfalls related to care planning.

## Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan and business plan.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Summerset on Summerhill demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

Summerset on Summerhill has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives

which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes.

There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with resident and or family/whānau input. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

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

Subsections applicable to this service are fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service are fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been outbreaks recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

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

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Summerset on Summerhill utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan. At the time of the audit the service had staff and residents who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. At the time of the audit there were no staff and residents who identified as Pasifika. Eight staff (two caregivers, two registered nurses, one clinical nurse lead, one kitchen manager, one housekeeper, and one property manager) and three managers (regional quality manager, village manager and acting care centre manager) interviewed could confirm that they had received training related to cultural safety which informed them about Pacific peoples, their worldviews, cultural and spiritual beliefs and were equipped with knowledge</p>

		on how to support residents who identify as Pasifika should they be admitted.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commission's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager and acting care centre manager (interviewed) demonstrated how the Code is also provided within welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with four hospital family/whānau and two residents (one rest home, one hospital), confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset on Summerhill policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>All staff at Summerset on Summerhill are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	<p>Resident files reviewed included completed general consent forms, consents for vaccinations, release of photographs, and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There has been one internal complaint received since the last audit in March 2024. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There have been no external complaints.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all</p>	FA	<p>Summerset on Summerhill is part of the Summerset organisation and is certified to provide rest home and hospital level care for up to forty-five residents. All the beds are dual purpose beds, with one dedicated oncology bed and one dedicated respite bed funded by Health New Zealand. There are no double or shared rooms. At the time of the audit there were forty residents receiving care: twelve rest home level care including one resident</p>

<p>governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>on respite and twenty-eight hospital level care residents including one in the dedicated oncology bed. All the remaining residents were under the age-related residential care (ARRC) contract.</p> <p>There have been changes in the management team since the last audit. The overall management is provided by a village manager (non-clinical) who has been in the role for five years and had been with Summerset for seven years prior in an administration role. At the time of the audit they were supported by an acting care centre manager, who had been in the role since November 2025 but with over eleven years of clinical experience at Summerset on Summerhill.</p> <p>The Governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset's General Manager (GM) of Clinical Services. Members of the committee 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 and there are clearly documented terms of reference. The GM Clinical Services (chair of the group) reports to the Chief Operating Officer. The GM Clinical Services works with the Chief Operating Officer and Summerset's CEO to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Summerset on Summerhill has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management, and financial compliance. The village manager and acting care centre manager complete quarterly progress reports toward these goals. The 2025 goals have been evaluated, and the village is in the process of implementing goals for 2026 (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and</p>
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		<p>other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data internally and with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support, and management.</p> <p>The village manager and acting care centre manager have attended training in excess of eight hours over the past year related to managing an aged care facility and appropriate to their role. This includes (but not limited to) regional aged care meetings, leadership development training, privacy, suicide prevention, hospice training and Māori and Pasifika health.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset on Summerhill is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality meetings, registered nurses, and staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place and corrective actions are always discussed and signed off when completed. Quality data and trends in data are posted on a noticeboard in staff areas.</p> <p>The resident and family/whānau satisfaction survey was completed in September 2025 for Summerset on Summerhill and evidenced an overall satisfaction of 71%. Results have been communicated to residents and family/whānau through the October 2025 meeting which included discussions around actions plans around activities and staffing.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was sighted. There is a process of ongoing review of hazards through Done-safe as guided by the national health and safety team. Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national</p>

		<p>health and safety manager.</p> <p>Electronic reports are completed for each incident/accident and immediate action is documented with any follow-up action(s) required as evidenced in the ten accident/incident forms reviewed. Results are discussed in the health and safety, quality, and staff meetings and at handovers. Incident and accident data is collated monthly and analysed.</p> <p>Discussions with the acting care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported These include reporting related to residents absconding, change in clinical manager and falls with fracture. There have been outbreaks since the previous audit which were reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager works full time Monday to Friday. The acting care centre manager works Sunday to Thursday and the clinical nurse leader works from Tuesday to Saturday. The roster ensures that there is always a senior clinical staff on duty each day. Review of the last two-week roster showed that all shifts were covered. The service adjusts staffing levels to meet the changing needs of residents. Any absences or sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts. Residents interviewed confirmed their care requirements are attended to in a timely manner. There is also a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings, and exercises. The acting care centre manager and clinical nurse lead share clinical on-call duties and the village manager is on-call 24/7 for any operational concerns.</p> <p>There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and</p>

		<p>hospice. Summerset on Summerhill supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the twenty-three caregivers employed, seventeen have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, syringe driver and interRAI assessment competency. Seven of ten registered nurses (including the acting care centre manager) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. These have been completed. A record of completion is maintained on an electronic human resources system.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, nurse practitioner, dietitian, physiotherapist, podiatrist, and pharmacists.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment for Māori. There is a staff performance appraisal policy, with all staff who have been employed for a year or more having a current performance appraisal on file.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The registered nurses (RN) are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed: two rest home including one resident on respite care, and three hospital including one resident under the oncology team. The remainder of the files were for residents under the age-related residential care (ARRC) agreement.</p> <p>Initial care plans reviewed are developed with the residents and/or the residents' Enduring Power of Attorney (EPOA). These together with initial assessments were completed within 24 hours of admission. Care plans are based on data collected during the initial nursing assessments, which include those related to dietary needs, pressure injury risk, falls risk, behaviour, continence, skin, activities, pain, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment (with the exception of the resident on respite and the one under the oncology team). Initial interRAI assessments have been completed within three weeks of admission. Specific assessments informed the care plan for the resident on respite and the one under the oncology team with these related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour and social history. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident and provide guidance to staff around identified medical and non-medical needs. Documented interventions were not detailed enough to provide guidance for staff in the delivery of resident care to meet the residents' assessed needs. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds with sign off when resolved or moved to the long-term care plan. Short term care plans have been completed and evaluated for identified short term needs sighted in the resident records.</p> <p>The initial medical assessment is undertaken by the nurse practitioner within the required timeframe following admission. There is documented evidence</p>

	<p>of the exemption from monthly nurse practitioner visits when the resident's condition is considered stable. The service contracts a local medical practice with the nurse practitioner visiting the facility at least once a week for clinics and after hours on call cover for emergencies. Any other after hours services are referred to a general practice. The nurse practitioner has access to the resident records including the medication system.</p> <p>The nurse practitioner interviewed stated that there was good communication with the service and that the registered nurses were experienced and demonstrated good clinical assessment and decision-making skills. The nurse practitioner commented that they were informed of concerns in a timely manner. A physiotherapist visits the facility once a week for at least four hours. They review residents referred by the registered nurses. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) speech language therapist, wound care specialist, and continence specialists available as required through Health New Zealand.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were nine active wounds from eight residents. The wounds reviewed included surgical wounds, chronic ulcers, and skin tears. Wounds were dressed as scheduled with clear documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p> <p>Policies and processes are in place to ensure continuity of service delivery. Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the nurse practitioner. Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress</p>
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		<p>notes when there was an incident and changes in health status.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, nurse practitioner reviews, medication changes, and any changes to health status.</p> <p>Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose level checks. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations have routinely been completed for unwitnessed falls or those where a head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The care plan evaluations include the degree of achievement towards meeting desired resident goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medicines have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication management.</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>The service currently uses robotic rolls for regular, pro re nata (PRN) and short course medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication room and medication fridge temperatures are monitored daily and were within acceptable standards. Eyedrops and creams have been dated on opening.</p> <p>Ten medication charts were reviewed. The medication charts reviewed identified that the nurse practitioner had reviewed all resident medication charts three-monthly, and all drug charts had photo identification and allergy status identified. Indications for use were documented for pro re nata medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of pro re nata medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Three residents were identified as self-administering medications. All had initial competency assessments completed by a registered nurse and the nurse practitioner with three-monthly competency reviews completed. Safe storage for these medications is provided in each resident's room. However, processes were not documented in resident care plans (link 3.2.3). No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their family/whānau, are supported to understand their medications. The nurse practitioner reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the registered nurses.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs</p>	<p>FA</p>	<p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Food preferences and cultural preferences are</p>

<p>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.</p>		<p>encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed on the day of audit reported they accommodate residents’ requests, and that the service prepares food that is culturally specific to different cultures.</p> <p>There is a verified food control plan which expires 27 June 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.  Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. The service uses a standardised transfer forms that includes the resident’s profile, family/whānau contact numbers and medication chart.</p>
<p>Subsection 4.1: The facility  The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset on Summerhill and comply with legislation relevant to the services being provided. The environment is inclusive of people’s cultures and supports cultural practices. The building warrant of fitness is current, expiring on 24 July 2026. Any maintenance requests are entered into the electronic maintenance system. This is checked daily and signed off when repairs have been completed. Equipment failure or issues are also recorded in the electronic system.</p> <p>There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken</p>

		when outside of expected ranges.
<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.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Summerset has an infection control and antimicrobial stewardship programme that aligns with Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. Summerset on Summerhill infection prevention and control coordinator is a registered nurse (clinical nurse lead).</p> <p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the Head of Clinical Improvement who acts as the national infection prevention and control lead for the Summerset Group. The infection prevention and control programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually (sighted).</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Infection Prevention and Control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections are reported to the head of clinical improvement and discussed at the monthly national clinical review</p>

		<p>meeting which provides clinical governance over the care and clinical systems for Summerset Operations. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There has been one outbreak reported since the last audit: Covid-19 in July 2025. The outbreak was managed and reported appropriately. Daily outbreak meetings occurred with hand hygiene, PPE use and food safety/hygiene refresher trainings completed. The service notified Public Health, completed daily case logs, and notified family/whānau. Documents reviewed showed that there was increased monitoring of residents, cleaning, catering processes, laundry, waste disposal, communication, and a debrief summary of the successfulness of the response.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and is approved by Head of Clinical Improvement. Restraint use within Summerset Group is discussed and monitored at the national clinical review meeting. There is also a national restraint group which monitors restraint use and/or that restraint free strategies are maintained.</p> <p>At the time of the audit, there were no residents using restraints. The service continues to maintain continues improvement with robust systems and processes implemented to ensure ongoing elimination of restraint use. The designated restraint coordinator is a registered nurse.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed as part of training.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Low	<p>The registered nurses (RN) are responsible for all residents’ assessments, care planning, and evaluation of care. Assessment tools including cultural and interRAI assessments were completed in a timely manner to identify key risk areas. Resident specific goals were documented in the care plans reviewed. The registered nurses interviewed understand their responsibilities in relation to care planning. There are comprehensive policies in place related to assessment and care planning; however, not all resident care plans reviewed provided detailed interventions to direct care delivery by staff as per assessed needs.</p> <p>Interview with staff demonstrated that they are knowledgeable about the care needs of</p>	<p>Three of three residents who self-administer medicines do not have this documented in their care plans with detailed interventions around scope and instructions.</p> <p>One hospital resident did not have detailed instructions for the management of hypoglycaemia. The same resident did not have instructions from the health practitioner and interventions related to management of a PEG documented in their care plan.</p>	<p>(i)-(ii) Ensure that there are detailed interventions to provide staff with clear instructions in the delivery of care needs.</p> <p>90 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>the residents and the residents observed appeared to have their care provided in line with assessed needs. The findings related to care planning relates to documentation only.</p>		
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## 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.