

Summerset Care Limited - Summerset in the Vines

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset in the Vines
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 March 2026 End date: 4 March 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset in the Vines provides rest home and hospital (medical and geriatric) level care for up to 40 residents. On the day of the audit, there were 30 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, a general practitioner, and the regional quality manager.

The service is managed by a village manager who is appropriately qualified and is supported by a care centre manager and regional quality manager. The residents and relatives spoke positively about the care and support provided.

The certification audit identified that the service meets the intent of the Standard.

A continuous improvement has been awarded for the implementation of a remote nursing support service.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

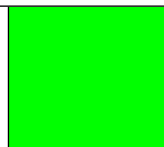
Summerset in the Vines provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview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

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

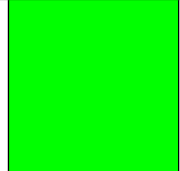
Summerset Group has a well-established organisational structure. Services are planned, coordinated and are appropriate to the needs of the residents. The business plan informs the site-specific operational objectives, which are reviewed on a regular basis. Summerset in the Vines has an established quality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

various meetings and to the organisation's management team. Summerset in the Vines collates clinical indicator data and benchmarking occurs.

There are human resource policies including recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained.

Health and safety systems are in place for hazard and risk reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The care centre manager and clinical nurse lead efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The hard copy medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

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 fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Most rooms have full en-suites with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. The facility is secured at night.

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

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

Subsections applicable to this service fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention. This is guided by relevant policies and supported through regular education.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been one outbreak since the previous audit.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator who is a registered nurse. The service has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint elimination. A restraint register captures any resident restraint information when restraints are in use and are reviewed on a regular basis

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service, which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents who identified as Māori. Summerset in the Vines is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety, Te Tiriti o Waitangi, and equity. The service has links with local iwi and marae who help to provide guidance and support for Māori people. A nearby school visits the facility on a regular basis to perform Kapa Haka.</p> <p>Summerset in the Vines evidences a commitment to a culturally diverse workforce, as evidenced in the business plan, Māori health plan, and equitable recruitment processes. There were current staff who identified as Māori. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents and family/whānau are involved in providing</p>

		<p>input into the resident's care planning.</p> <p>Interviews with eleven staff; three registered nurses (RNs) including, the clinical nurse lead, three caregivers, one diversional therapist (DT), one roving kitchen manager, one office manager, one laundry assistant and one property manager; and three managers; village manager, care centre manager, and one regional quality manager, and documentation reviewed identified that the service provides person-centred care.</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>A Pacific Health Plan and Summerset Pacific Peoples' Health policy and procedure is documented. The Pacific Health Plan included involvement with Pacific communities underpinned by Pacific voices and Pacific models of care. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and provide high quality healthcare. There were no residents that identified as Pasifika at the time of the audit. Recruitment processes evidence an equitable process to recruit, train, and retain a Pacific workforce. The are current staff at Summerset in the Vines who identify as Pasifika.</p> <p>Summerset in the Vines has links with local Pacific community groups to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people, to improve wellbeing outcomes. Pasifika staff can provide guidance and support for Pasifika peoples if required. The village manager described how Summerset in the Vines continues to actively recruit and retain a holistic Pacific health and wellbeing workforce, which also includes providing leadership and training opportunities for Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead, supported by the care centre manager, discusses aspects of the Code with residents and</p>

<p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings and quarterly family/whānau meetings. Interactions observed between staff and residents during the audit were respectful.</p> <p>Nationwide Health and Disability Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Six residents (four rest home and two hospital) and four family/whānau (hospital) interviewed reported that the service is upholding the residents' rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice, and their own preferences are respected. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Summerset in the Vines's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction survey results (September 2025) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive</p>

		<p>about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged, as evidenced in the goals of the care plans and interviews. Residents' files and care plans identified resident's preferred names.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The DT interviewed confirmed that when Māori residents are admitted, the service actively support Māori by identifying needs and aspirations through a cultural assessment process.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Summerset in the Vines's policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries. The village manager reported that the code of conduct, guides staff to ensure the environment is safe and free</p>

		<p>from any form of institutional and/or systemic racism.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre-employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe.</p> <p>Summerset in the Vines promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is documented in resident files. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak English. Staff interviewed could demonstrate effective communication strategies, which including dual language written material and image cards, and the use of electronic translation resources.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are</p>

		involved with the resident, such as Nurse Maude and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and resident and family/whānau meetings.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies to guide informed consent. Six resident files reviewed included informed consent forms signed by the resident or their enduring power of attorney (EPOA). There are general consent forms and forms for flu vaccinations where appropriate. Residents and or their family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>There is an advance care planning policy implemented. Care staff interviewed could explain how residents are provided with choice and their own decisions are respected. In the files reviewed there were appropriately signed resuscitation plans and advance care directives in place. Copies of enduring power of attorney's (EPOAs) were in resident files and activation letters sighted where required.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and the planning of care. Admission agreements had been signed for all files reviewed. The clinical nurse lead confirmed tikanga best practice guidelines are implemented during the informed consent process.</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>	FA	There is a documented concerns and complaints policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all

<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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>complaints, both verbal and written by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There has been one recent complaint received since the previous audit in April 2025, the complaint was still open with acknowledgement and corrective actions being implemented. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support when they are not satisfied with the outcome.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, and complaints forms are available at the entrance to the facility. Resident meetings are held monthly, and family/whānau meetings are held quarterly, where concerns can be raised. Family/whānau confirmed during interview that the management are available to listen to concerns and act promptly on issues raised.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</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 governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Summerset in the Vines is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 40 residents. There are 34 rooms; six rooms can be used as a double room for partners. Thirty-six beds are under an occupation rights agreement (ORA) and four are funded through the aged related residential (ARRC) agreement as premium rooms. At the time of the audit there were 30 residents in total, 18 rest home residents including one on respite care and 12 hospital residents. In the six double rooms available, there was one</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>couple living in one of the rooms.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the general manager of clinical services, who reports to the general manager of operations. Members of the 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 Māori representation on the group. Members of the National Clinical Review Group (governing body for clinical) have completed training provided in Summerset’s learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. There are terms of reference for the National Clinical Review Group.</p> <p>The Chair of Summerset’s Clinical Governance Committee holds degrees in law, medicine, bioethics, and public health, and has completed a Harkness Fellowship in Healthcare Policy at Harvard University. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a quality and risk management programme, and a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care, to improve outcomes for all residents. Cultural safety is embedded within the business plan, quality plan, and staff training. The current business plan for Summerset in the Vines describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high</p>
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		<p>quality care; health and safety; dementia friendly; food services; customer experience; staff satisfaction; workforce development; and sustainability and social responsibility.</p> <p>The village manager (non-clinical) has been in the role for five months and over 20 years management experience in the aged care industry. The village manager is supported by a care centre manager, who has been in their role since March 2025. The management team are supported by a regional quality manager (present at the time of the audit) who has worked at Summerset for six and a half years. The regional quality manager reports to the head of clinical delivery. Within the village, the care centre manager reports to the village manager, who reports to the group operations manager, who provides operations and business oversight. The care centre manager has completed the required training hours related to the management of a care facility and include leadership training with topics on conflict management, change management, complaints management, cultural safety, and code of ethics.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>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 in the Vines is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas and also emailed to staff's work emails to view.</p> <p>Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and</p>

		<p>associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which are available on the Summerset's intranet, that guides staff in the provision of care and services.</p> <p>A resident and family/whānau satisfaction survey was last completed in September 2025. The survey evidence overall satisfaction on the areas surveyed, there were no corrective actions required as a result of the survey.</p> <p>A health and safety system is in place. The village manager is the health and safety manager for Summerset in the Vines. There is a site health and safety committee, with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the themes raised. Staff incident, hazards, and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider</p>
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		<p>groups. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Events policy and procedure have been updated to reflect SAC (severity assessment code) reporting procedure to the Health Quality and Safety Commission. There have been four Section 31 notifications and one SAC report completed as required, including the nationwide Medi-map outage. There has been one gastroenteritis outbreak since the previous audit, which was reported and notified appropriately. A change in management was notified as required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week Monday to Friday. The village manager is on call 24/7 for any operational queries. The nursing care service (NCS) team is on call 24/7 for any clinical issues, with support from the care centre manager. Summerset in the Vines has been awarded a continuous improvement rating for the successful implementation of the project `workplace of tomorrow` care delivery` model.</p> <p>The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. The roster reviewed evidenced RN cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff</p>

	<p>and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 20 caregivers employed in total. Thirteen caregivers have achieved level 3 or 4, and three have completed a level 2 NZQA qualification. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, hand hygiene, and personal protective equipment (PPE) donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies.</p> <p>A record of completion is maintained on an electronic human resources system. There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented. All RNs are required to complete competency assessments as part of their orientation. RNs' complete specific competencies and include syringe driver and interRAI assessment competency. Six of seven RNs (including the care centre manager and clinical nurse lead) are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. RNs are supported to complete professional development and recognition programme (PDRP) through Health New Zealand. wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP)</p>
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		were posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset in the Vines is supported by a People and Culture team for recruitment processes. Seven staff files reviewed including, one care centre manager, one clinical nurse lead, one RN, three caregivers and one diversional therapist evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. 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. All performance appraisals were being completed as per the appraisal schedule.</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 programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	FA	Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are

<p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service.</p> <p>Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The care centre manager and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process. Declining entry would be if the service had no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. Where entry to the service is delayed policy and process guide staff to ensure communication with the referrer is timely and they remain updated.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The service has information available in English and in te reo</p>

		<p>Māori. Established linkages in place with local Māori ensure Māori health practitioners/traditional Māori healers are consulted prior to a Māori individual and whanau entry to the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident records were reviewed: three rest home, (including one respite), and two hospital level. The RNs are allocated residents as keyworkers. They are responsible for all resident's assessments, care planning, and evaluation of care. Four resident records that required long-term care plans (LTCP) were completed for detailing needs, and preferences. The individualised electronic LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. The respite residents file included a full suite of assessments which informed the short-term care plans (STCPs).</p> <p>All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a RN and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that</p>

	<p>family/whānau are informed where there is a change in health status.</p> <p>The service has policies and procedures in place to support all residents to access services and information. Staff interview outlined how the service supports Māori residents and their whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are to be documented.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. General practitioners from the contracted medical centre provide weekly clinics and some afterhours support.</p> <p>Medical documentation and records reviewed were current. After hours care is provided by the contracted medical practice and the local public hospital when needed. When interviewed the general practitioner was complimentary regarding the standard of care and clinical leadership. A physiotherapist is contracted and provides a clinic every week. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>The service has implemented the organisations partnership approach to person centred care as a quality initiative. The care model is designed to provide tailored flexible care that supports residents' independence and dignity as their needs change. Examples of which were provided which included active engagement. transparency and open communication.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound register confirmed there were minor wounds, skin tears, and bruising. All of which had the required wound care plans that were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were no pressure</p>
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		<p>injuries.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and were up to date. A review of incident and accident forms confirmed neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records, and repositioning charts. Staff interviews confirmed they are familiar with the needs of the residents in their care. Staff receive a verbal handover supported by use of the electronic resident information being displayed at the beginning of each shift. Handovers include discussion regarding resident wounds and the care needed. This was observed and was noted to be comprehensive in nature.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one DT, and they deliver the activities programme five days per week. The activities coordinator in the village supports the DT for van trips and resident activities when required. A basic programme is planned for the weekends which caregivers deliver. All activities staff have current first aid certificates. The programme is supported by the care staff, various church groups and entertainers and a resident's advocate. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff.</p> <p>There is a resident and family bulletin produced monthly that keeps residents and family/whānau updated regarding the activity programme, staff updates and photos of events held over the preceding month. The bulletin is available at different places throughout the facility. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, book/newspaper reading, reminiscing or they are</p>

		<p>supported to engage in exercise.</p> <p>There are several lounges and a library where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career history, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the LTCP.</p> <p>Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>There are resident meetings occurring as per schedule. Family/whānau are encouraged to attend the advocacy meetings run by the resident's advocate. Residents can provide an opportunity to provide feedback on activities at the meetings, six-monthly reviews and ad hoc through staff. Residents and family/whānau interviewed were complimentary regarding the activity programme and stated they have lots of fun.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. At time of audit the provider was involved in the nationwide disruption occurring to the electronic medication system. The regional quality manager outlined the process in place from an organisation level to ensure all residents and staff remain safe. The care centre manager confirmed that the organisation back up policy and procedure were implemented during the outage. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs complete syringe driver training. Staff were observed to be safely administering medications. RNs interviewed could describe their role regarding medication</p>

		<p>administration.</p> <p>Summerset in the Vines uses plastic packs for regular use and 'as required' medications. Some short course medication is provided in blister packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the only medication room. Medication trolleys were locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and within expiry date. The six-monthly controlled drug physical check and reconciliation have been completed as per schedule.</p> <p>Ten (10) hard copy medication charts were reviewed. The medication charts had a photo identification and allergy status identified. The clinical nurse leader outlined they had created a hard copy record of residents three monthly review timetable, and this was being utilised whilst the electronic system was down. There were no residents self-administering on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent RNs and healthcare assistants sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The RNs described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring June 2026. Dry ingredients stay in their original package in case of any product recall. Dry goods evidenced a decanting and or expiry date.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. A roving chef manager (interviewed) was covering planned leave of the permanent head chef at time of audit. They were supported by part-time cooks and kitchen hands. There is an electronic food services manual available in the kitchen. The head chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The entire kitchen team are aware of resident likes, dislikes, and special dietary requirements. Resident’s profiles had been reviewed and regularly updated. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The diversional therapist confirmed that residents are supported to access the kitchen as part of the activity programme.</p> <p>The menu is available throughout the facility with the daily menu highlighted on large noticeboards in the main lounges/dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The head chef oversees the completion of fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the smaller dining rooms and to residents’ rooms in scan boxes. Residents were observed enjoying the social aspect of the midday meal. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses. Residents decide their menu preference one week prior and this can be amended if they change their mind on the day. The residents are</p>
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		encouraged to host their friends and family for meals at the facility or dine at the onsite café. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings, resident surveys and ad hoc with care and kitchen staff.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility participates in the local Health New Zealand "yellow envelope" scheme to ensure sufficient detail is shared with other agencies and the transition is safe. Discharge notes are uploaded on the system and discharge instructions are incorporated into the care plan.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. A staff escort is provided where required. Residents are transported to the accident and emergency department in an ambulance for acute situations. The clinical nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The discharge planning included risk mitigation and the current needs of the resident. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and RNs.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people</p>	FA	<p>The environment is inclusive of peoples' cultures and supports cultural practices. The building holds a current warrant of fitness. A full-time property manager (interviewed) is supported by one property assistant and two gardeners, who address day to day repairs and complete planned maintenance as per programme. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. The annual maintenance plan includes electrical testing and tagging. All new equipment has a test and tag</p>

<p>we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>		<p>dated. Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment checks, call bell, and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.</p> <p>The care centre has 34 rooms; six rooms can used as a double room for partners. The double rooms are for married couples only. They are large enough for two beds and there is space to be able to manoeuvre equipment with two beds as there is a ceiling hoist in all bedrooms. There is one call bell in the double rooms with “splitters” to enable two call bells to be attached. All rooms have an external window, a small kitchenette and large ensuite. Each room has a ceiling hoist, a television and heated towel rails. Residents can personalise their rooms as they wish to. The internal environment provides safe and accessible areas and promote safe mobility and independence. All outside areas are landscaped, accessible and provide safe walking, and shaded sitting areas for residents. There are three wings: one has nine rooms, with a lounge and sluice with a sanitizer. Two further wings have nine and ten rooms respectively and the wings loop round an internal courtyard are joined at the far ends by the six double rooms.</p> <p>This group of bedrooms includes two further sluices with sanitisers. There are seats placed strategically round corridors for residents. The front of the building includes a large lounge and adjoining dining area and adjacent kitchen. There is a communal toilet located near to the large lounge. There is also a smaller lounge over-looking the internal courtyard. There is a nurse’s station, administration office, medication room, a hair salon, and reception area. The large laundry located in a utility area in the main building. The care centre includes a second floor above the reception area. This area has a staff room, training/conference room, offices, staff toilets, and a shower. There are sufficient storage areas for hoists, wheelchairs, and any other equipment. The environmental temperature is managed with heat pumps both in the rooms and in all communal areas and have ample natural light and ventilation. Corridors are wide and promote safe resident mobility.</p> <p>Summerset policy states that consultation with Māori and iwi would</p>
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		occur if any further changes to the facility are considered.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff and visitors are informed of the correct action to take during commencement of employment or via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 4 April 2025. Fire evacuation drills are held six-monthly, and one was last completed on 13 November 2025. Civil defence supplies are stored in identified cupboards on each floor and are checked six monthly. In the event of a power outage, a large generator is onsite. In the event of a civil defence emergency, sufficient lighting is provided, call bells are fully operational, and all information technology remains functional.</p> <p>There are two large water tanks available, plus supplies of bottled water in the civil defence cupboard, enough to provide ten litres per person, per day for three days. For alternate cooking supplies, there is a BBQ (gas bottle) available to cook on. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in residents' rooms, lounge areas, and toilets/bathrooms, which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed call bells are answered in a timely manner.</p> <p>The facility is secured at night and there are security cameras at the front entrance, gates, and medication room. The main gates and front doors close automatically. An external security company</p>

		complete checks when the front gates are not operating.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are led by the infection prevention coordinator (RN). Infection prevention and antimicrobial stewardship policies and procedures have been reviewed regularly and are appropriate for the service. The infection prevention programme, policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention coordinator and the senior clinical and quality team. Expertise and advice are sought from the national clinical service (NCS) which supports the RNs 24/7, the general practitioner, Health New Zealand infection prevention team, and experts from the local public health unit as and when required. The infection prevention coordinator attends the RN meetings where infection prevention issues are discussed.</p> <p>Infection prevention and antimicrobial stewardship are an integral part of the Summerset in the Vines business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention programme. Summerset in the Vines has an infection prevention and antimicrobial stewardship programme that aligns with the Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. There is a documented pathway for reporting infection prevention and antimicrobial stewardship issues to the governing body.</p> <p>Infection rates are discussed bimonthly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset operations including infection prevention and antimicrobial stewardship programmes. The Summerset executive group knows and understands their responsibilities for delivering the infection prevention and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. Significant infection events such as outbreaks and resident admission to</p>

		<p>hospital due to an infection are reported appropriately in the electronic resident record system. Email alerts are sent to support office clinical team members (all of whom are on the National Clinical Review group) as soon as the event is entered in the system, with appropriate support and follow-up put in place.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention coordinator is a RN, and they lead and coordinate the implementation of the infection prevention programme. Infection prevention coordinator's role, responsibilities, and reporting requirements are defined in the infection coordinator's job description. The infection prevention coordinator has completed internal and external education on infection prevention for clinical staff and has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection prevention programme implemented that was developed with input from external infection prevention services. The programme was approved by the national clinical review group and is linked to the quality improvement programme and is current. Infection prevention policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. The infection prevention coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk.</p> <p>The infection prevention coordinator is responsible for the delivery of infection prevention training to all staff. Staff have received infection prevention education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to outbreaks. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed</p>

		<p>in interviews with residents. The infection prevention coordinator liaises with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Health New Zealand. The care centre manager stated that the infection prevention coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. The last infection prevention audits completed in 2026 demonstrated compliance with expected guidelines.</p> <p>Care delivery, housekeeping, and kitchen staff were observed following appropriate infection prevention practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing sanitisers were available throughout the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body.</p> <p>There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The care centre manager reported that residents who identify as Māori would be consulted on infection prevention requirements as needed. The service has printed off educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial programme was approved by the national quality team and governing body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for</p>

<p>to the needs, size, and scope of our services.</p>		<p>antimicrobial prescribing.</p> <p>Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship is monitored and discussed at the national infection prevention group (which includes infection prevention coordinators from each care centre), with a particular focus on infections that do and do not meet the infections surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection prevention and antimicrobial stewardship review and the infection prevention and hand-washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</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>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Opportunities for improvement are identified and implemented to ensure continuous quality improvement and well-being of the residents. The healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated with evidence of sign off when completed. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Benchmarking is completed with other similar Summerset facilities. Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents</p>

		<p>and family/whānau.</p> <p>There has been one outbreak reported since last audit (Norovirus in December 2025). The outbreak was well documented with a debrief meeting held identifying what went well and areas of improvement in place for the next event. A review of documentation and interviews with the infection prevention coordinator evidenced the event was managed, documented, and reported appropriately.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaners' room. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Enough PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are three sluice rooms all with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated housekeepers (cleaners / laundry). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site. The laundry is delivered to the laundry in appropriate bags. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the housekeepers and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The housekeepers and care staff demonstrated awareness of the infection prevention protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</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>Policy and procedure review and staff interviews confirmed the organisation and provider are committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the provider works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a RN. Their job description for the role was sighted. There are no residents listed on the restraint register as using a restraint. When restraint is in use it is reviewed monthly by the restraint coordinator and reported at the three-monthly clinical meetings and to the governance board via the clinical nurse leader's report. The resident and/or family/whānau are consulted on the restraint procedures as part of the restraint review processes, and as required. The restraint coordinator interviewed described the focus on maintaining a restraint free environment.</p> <p>Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	CI	<p>During a review of the organisational staffing model (Workplace of Tomorrow) by an external company in 2023, it was identified the highly skilled care centre managers were overburdened with reporting, monitoring budgets, rostering and recruiting. These advanced administration skills limited their ability to clinically lead their teams, interact with residents and families/whānau. Furthermore, there were over 50 direct reports, and they could not provide the level of support the teams required. Care centre managers reported receiving daily afterhours/weekend calls from their teams, limiting their rest and wellbeing time. This review also confirmed that senior RNs are critical to providing safe service provision, as they safely allow more junior staff to learn and develop. There are times where RNs work some shifts where there are limited senior RN on site. An analysis and monitoring of the project evidence positive outcomes such as a reduction in preventable hospital transfers,</p>	<p>From the information gathered, there was a pilot (January to June 2024) of a new model of care which saw a new remote nursing service called Nursing Care Service (NCS). This was implemented at Summerset in the Vines from May 2025. The NCS RN visited the site initially to establish rapport between the site RNs and the NCS service. The team’s role includes (but not limited to) offering advice to the care centre RN after hours and on weekends; critical review and troubleshooting with significant events and emergencies; additional support to manage complex residents, especially for agency nurses on duty or new RNs; and increased support and oversight to agency RNs. There have been 797 calls to the NCS team made from Summerset in the Vines for the period (May 2025 to February 2026).</p> <p>The NCS team have provided orientation support for</p>

		<p>improved remote clinical oversight, increased team building and confidence.</p>	<p>onboarding RNs, allowing for a smooth transition to their role, and offering new RNs peer support in clinical decision making at Summerset in the Vines. There has been significant improvement in the use of the ISBAR Communication Framework, Stopwatch tool, and clinical pathways through NCS mentoring, which has promoted effective communication and improved practice in critical situations. Nursing Care Service RNs also provided additional training on long-term care planning, particularly to new RNs, supporting the implementation of person-centred care planning (key to Summerset's Care Charter). Summerset in the Vines set a goal to reduce hospital transfers, by way of making the best use of the expertise of the NCS team supporting RNs with assessment of unwell residents.</p> <p>This has enabled the RNs to develop their critical thinking and good decision-making skills. Summerset in the Vines has successfully met the goal. Whilst the resident occupancy increased at Summerset in the Vines from May 2025 to February 2026, the hospital transfers remained very low at Summerset in the Vines. Key actions included RN assessments, early intervention, and effective use of NCS helped to prevent unnecessary hospital transfer/admissions. The NCS service has proven to provide valuable support to Summerset in the Vines RNs on decision making for acutely unwell residents, with appropriate clinical escalation pathways to minimise hospital transfers that cause resident distress and impact on their quality of life.</p> <p>Survey results from February 2026 evidenced that 100% of RNs at Summerset in the Vines stated that the service has given them confidence, knowing there is always someone available to discuss clinical issues. A number of RNs emphasised that "the idea of having the support available is excellent, especially for those who may not be familiar with the</p>
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End of the report.