Summerset Care Limited - Summerset in the Bay

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 Bay
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 May 2026 End date: 27 May 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: 37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset in the Bay provides rest home and hospital-level care (geriatric and medical) for up to 50 residents within the care centre, and rest home-level care for up to 20 residents in the serviced apartments. On the day of the audit, there were 37 residents receiving services, including one rest home resident residing in the serviced apartments.

The service is managed by a village manager, supported by a care centre manager, a clinical nurse lead, a nursing team, care staff, a regional quality manager, and the governing body. The residents and relatives interviewed spoke positively about the care and support provided.

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.

An audit shortfall was identified in relation to completing neurological observations as per protocol.

Strengths of the service, resulting in continuous improvement ratings, include the resident satisfaction improvement programme; 24/7 nursing care services; virtual nursing model; and infection prevention and control.

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 Bay offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. 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 well-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.

Governance (Summerset Care Limited) is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural

safety. The business plan informs the 2026 site-specific key village priorities and is reviewed regularly. The business plan includes the organisation's mission statement, purpose, values, strategic direction, scope of services, and goals.

There is a documented quality and risk management system, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented, with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The care centre manager and clinical nurse leader efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner upon 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.

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

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

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 haumaru | 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.

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. There is sufficient provision of toilets and bathroom facilities for residents, staff, and visitors. Privacy signs are clearly visible. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff, and security gates are locked automatically on dusk. External security lighting is in place.

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 service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The registered nurse oversees the programme.

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

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Any infection outbreaks are managed in accordance with the Ministry of Health guidelines.

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

Here taratahi | Restraint and seclusion

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

Restraint elimination and safe practice policies and procedures are in place. The governing body promotes a restraint elimination stance. Restraint elimination is overseen by the restraint coordinator, who is a registered nurse. There are 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.

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	26	0	1	0	0	0
Criteria	3	164	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is implemented for the service and acknowledges Te Tiriti o Waitangi as a founding document of New Zealand. Summerset in the Bay is committed to supporting Māori residents and whānau to exercise self-determination and have their cultural values and beliefs respected. Cultural preferences and needs are documented in resident care plans where required. Processes are in place to support the integration of tikanga Māori into everyday practice. Staff education records evidenced training in cultural safety, Te Tiriti o Waitangi, and equity. Summerset in the Bay evidences a commitment to maintaining a culturally diverse workforce, as demonstrated through the business plan, Māori health plan, and equitable recruitment practices. At the time of the audit, there were staff members and residents who identify as Māori. Summerset Limited's organisational strategic plan includes partnering with Māori, government agencies, and other organisations to align service delivery for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and wellbeing, and to provide high-quality and effective services for residents. Residents and family/whānau are encouraged to contribute to care planning and service delivery

		processes. There is a well-established relationship with the local Māori community, supported by Mangaroa Bridge Pa Marae, along with iwi and organizational representation from Mana Ahuriri Trust. Interviews with management and staff (the regional quality manager (RQM), village manager (VM), care centre manager (CCM), property manager (PM), clinical lead (CNL), two registered nurses (RNs), ten caregivers (CGs), head chef, one laundry, and one housekeeping staff) confirmed an understanding of Te Tiriti o Waitangi principles and described how these are applied within their respective roles and responsibilities.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	The service has a documented Pacific Peoples' Health Policy that acknowledges Pacific worldviews, and supports the delivery of culturally appropriate care that respects cultural and spiritual beliefs. The policy is aligned with Te Mana Ola- the Pacific Health Strategy and reflects values identified by Pacific peoples as important to health and wellbeing. There were no residents who identified as Pacific peoples. There are current staff at Summerset in the Bay who identify as Pasifika. Management reported that Pacific staff are available to support residents and family/whānau when required. Links with Pacific organisations have been established through the Pasifika Community Advisor. The VM further reported that the service maintains strong relationships with local Pacific community organisations, and these networks are utilised to support residents who identify as Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan, or Tuvaluan, and their nominated family/whānau. The VM stated that residents and family/whānau are encouraged to participate in all aspects of care, including nursing and medical decision-making, service feedback, and the identification of cultural preferences and needs. The management team confirmed that Pacific peoples' beliefs, values, identity, and cultural practices are

		respected. The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple languages, including English, and te reo Māori. Management described equitable employment practices aimed at supporting the capacity and capability of the Pacific workforce. Interviews with staff and review of documentation confirmed that care is provided in a person-centred manner.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Details relating to the 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. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents. 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 (three rest home and three hospital) and five family/whānau (two hospital and three rest home) interviewed confirmed that individual cultural beliefs and values were respected.

		Those interviewed reported that the service is upholding the residents' rights.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Summerset in the Bay provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff receive training in sexuality and intimacy as part of their scheduled in-service training. The residents interviewed were positive about the service, and confirm it considers their values and beliefs, and residents stated they are listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view. Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service. Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects the Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori. Through the activities programme, tāngata whaikaha are supported to participate in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe	FA	All staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code

services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.		of conduct statement is included in the staff employment agreement. Residents and family/whānau reported that their property and finances are respected, and professional boundaries are maintained. The VM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents are free from any type of discrimination, harassment, physical or sexual abuse, or neglect and feel safe. Police checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. The Māori cultural policy in place identifies a strengths-based, person-centred care, and general healthy wellbeing outcomes for Māori residents if admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).
Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and family/whānau reported during interviews that communication is open and effective. The EPOA and family/whānau state they are kept well informed about any changes to their relative's health status, and have been advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by the residents' records reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/whānau interviewed stated they are provided with time to discuss any decisions. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff and family/whānau interpret for residents. External interpreting services

		are available if required. The VM reported that any non-subsidised residents who are admitted to the service, are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/whānau to translate, and regular use of hearing aids by residents when required, is encouraged.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	There are policies around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Seven resident files were reviewed, and written general consents were sighted for outings, photographs, release of medical information, medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision-making, when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records, and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file. Advance directives for healthcare, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relatives' lives. Discussions with the care staff and the management team confirmed that staff understand the importance of obtaining informed consent

		for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs. The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural responsiveness from the Māori perspective on health.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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.	FA	Summerset in the Bay has a complaints policy in place, which is understood by staff. Associated forms include: incident forms, complaint forms, complaint follow-up forms, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code, and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer, is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected. The service's complaints register was reviewed. There were eleven complaints in 2025, and four were reported in 2026 (year to date). Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up on. A review of complaints did not identify any trends. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. There were no external complaints received since the last audit. The VM reported that any issues are discussed promptly with the residents before they escalate into complaints. An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint, and that the service would support them throughout the process. Residents and their family/whānau can, if they choose, involve an

		independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or supporting the resident or family/whānau in accessing independent advocacy services. The VM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori, and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Summerset in the Bay is located in Napier. The care centre is situated on level one of a two-storey building and is certified to provide care for up to 50 residents. There are an additional 20 serviced apartments located on the ground floor, certified for rest home-level care. All beds within the care centre are certified as dual-purpose beds. On the day of the audit, there were 37 residents receiving services. This included 19 residents receiving hospital-level care and 18 residents receiving rest home-level care, including one resident under a restorative aged residential care contract, and one resident residing in the serviced apartments. All remaining residents were receiving services under the age-related residential care (ARRC) contract. The service is managed by an experienced village manager, supported by the care centre manager, clinical nurse lead, the wider senior leadership team, and the governing body. The village manager was knowledgeable about relevant legislative and contractual requirements. There is an overarching 10-year company-wide strategic business plan in place that outlines national goals. Summerset in the Bay operates with key village priorities that align with the organisation's scope, direction, goals, values, and mission statement. The documentation describes both annual and long-term objectives, supported by associated operational plans. The objectives sighted were time-framed and included defined action steps, with regular

		reporting by the village manager to the group operations manager. The VM reported that key performance indicators are reviewed quarterly. Meeting minutes evidenced discussion of objectives and progress against these. There is a quality and risk management plan updated as required and at least annually. The health and safety plan is also documented and up to date. The head of clinical delivery leads the quality programme, and undertakes annual reviews of all aspects of the programme in conjunction with the National Clinical Review Group. Summerset Group has an experienced seven-member Board with a diverse range of governance, leadership, medical and industry expertise. The Board is responsible for overseeing and directing the management of the organisation, guiding the strategic direction of Summerset Limited, and ensuring effective corporate governance systems are maintained. The governance body for Summerset Group has completed cultural education to support understanding and application of Te Tiriti o Waitangi, health equity, and cultural safety principles. The organisation collaborates with mana whenua in business planning and service development processes to support equitable health outcomes for Māori. Tāngata whaikaha are provided with opportunities to give feedback on all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, analysed, and reviewed by the Summerset Group management team, to identify barriers to service delivery and support quality improvement initiatives aimed at improving outcomes for residents. Cultural safety is embedded within the business plan, quality programme, and staff education programme. The VM reported that the service offers cultural assessments specific to Māori residents if admitted to the service, to identify any unique requirements and encourage whanaungatanga through the exploration of pepeha, iwi, and hapū. Summerset Group has an established organisational and clinical governance structure. The governing body for clinical oversight is the National Clinical Review Group, which meets monthly and is chaired by the general manager of clinical services, who reports to the general manager of operations. Membership of the group

		includes the head of clinical delivery, head of clinical improvement, regional quality managers, care capability specialist, national dementia specialist, national clinical pharmacist, and national therapeutic recreation lead. Māori representation is included within the group. Terms of reference for the National Clinical Review Group are documented.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Summerset in the Bay has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month and other sister facilities. Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that during monitoring activities, staff identify needs for improvement and implement corrective actions until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs, with appropriate follow up and reporting. The VM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies. The quality and risk management plan, along with associated policies and procedures, outlines the identified internal and external risks and their corresponding mitigation strategies, in alignment with the National Adverse Event Reporting Policy. Management demonstrated knowledge of Severity Assessment Codes (SAC), including SAC 1 and SAC 2 reporting requirements. Incidents are

		managed and reported in accordance with organisational policy and reporting requirements, and include one fall resulting in injury. Interviews with the management team evidenced awareness of essential notification requirements and escalation processes to relevant external authorities. Essential notifications sighted include notifications relating to four missing resident incidents, changes to the village manager and care centre manager, and infection outbreak notifications for outbreaks that occurred in July and September 2025, which were completed in accordance with reporting requirements. The VM was aware of the Health and Safety at Work Act (2015) and implements its requirements. The VM, who is the health and safety coordinator, is supported by a committee with representatives from each department that meets monthly. Hazard identification is completed electronically, and an up-to-date hazard register was sighted. Health and safety policies are overseen by the health and safety committee. Monthly meetings are held with the national health and safety manager, and a monthly 'Golden Rule' theme is used to maintain a focused approach to health and safety. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. All visitors to the service are informed and reminded of the importance of health and safety, and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The VM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. A continuous improvement rating has been awarded to Summerset in the Bay following the successful implementation of a resident satisfaction improvement programme that demonstrated sustained and measurable improvements in resident experience and service delivery outcomes.

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care staff report that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and care staff, with support from the management team. Residents and family/whānau interviewed stated they are informed of any staff changes. The service employs nine full-time registered nurses. The village manager and care centre manager each work 40 hours per week, Monday to Friday. The village manager provides 24/7 on-call operational support. Clinical on-call support is provided 24/7 by the nursing care services (NCS) team, with additional support from the care centre manager. Summerset in the Bay has achieved a continuous improvement rating for the successful implementation of the 'Workplace of Tomorrow' care delivery model. Ongoing education is planned on an annual basis, including mandatory training requirements. Training topics include (but not limited to) infection prevention and control, including outbreak management; medication; de-escalation of behaviours that challenge; aspects of Consumer Rights; and health and safety. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme, to meet the provider's funding and service agreement requirements. There are 28 care staff employed. Thirteen have achieved NZQA qualification level four, two with level three, four with level two, and nine with level 0. Eight registered nurses are accredited and maintain competencies to conduct interRAI assessments. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The VM reported that the model of care ensures equitable treatment for all residents. Staff and

		management completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service collaborates with local Māori organisations, which can provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori if required. An employee assistance programme (EAP) is in place to promote staff wellbeing. Staff interviewed reported a positive workplace.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff had their referees contacted prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Eight staff files were reviewed: care centre manager, clinical nurse lead, registered nurse, head chef, two caregivers, laundry, and a housekeeper. Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the management team. Following incidents, the management team are available for any required debriefing and discussion.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	All necessary demographic, personal, clinical, and health information had been fully completed in the residents' files sampled for review. The clinical notes are current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed. The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the record management system, electronic medication management system, and the interRAI assessment tool. The electronic information is regularly backed up through secure cloud-based systems and is password-protected. Summerset Group has a documented business continuity plan to support continuity of operations in the event of information systems failure. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The VM reported that the staff have their logins. An external provider holds backup database systems. A consent process is in place for data collection. The records sampled were integrated. The VM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The service is not responsible for the National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files

between Māori and non-Māori by ensuring fair access to quality care. 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.		confirmed that entry to service complies with entry criteria. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. All relatives and residents interviewed stated that they had received the information pack and sufficient information prior to, and on entry to the service. 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 leader are available to answer any questions regarding the admission process. 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. 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 facility has established links with two local maraes and through Māori staff. Contact details are readily accessible for staff. The service has information available for Māori, in English and in te reo Māori.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Seven resident records were reviewed: three rest home level (including one respite and one resident from the serviced apartment), and four hospital level (including one under an intermediate care contract). The registered nurses are designated keyworkers for allocated residents. They are responsible for all resident's assessments, care planning and evaluation of care. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The short-term residents' files include initial assessments and short-term care plans. All LTCP and interRAI assessments 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 around cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans (STCPs) 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 registered nurse. 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 registered nurse 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 involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports Māori 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 documented. 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. There is one general practitioner who visits twice weekly and as required. 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 conducts one clinic per 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. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds 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 the audit, there were no pressure injuries. The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. The documentation of neurological observations following unwitnessed falls requires improvement. 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 residents in the facility, and that they have access to the supplies and products they require to meet those needs. 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 noted to be comprehensive in nature.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are	FA	Due to an unplanned absence within the activities team, the village manager and a kaitiaki stepped in to ensure the ongoing delivery of the activity programme. This has ensured that the programme continues seven days per week. A Summerset diversional therapist provides oversight and support to the staff. The programme is further supported by the care staff, various church groups, and entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents

suitable for their age and stage and are satisfying to them.		and staff. 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 supported to engage in exercise. There are several lounges where residents and families/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 long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; bingo; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings occurring as per schedule, supported by the village advocate. Family/whānau are welcome to attend these. 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 stated that the activity programme is meaningful and engaging.
Subsection 3.4: My medication	FA	Medication management is available for safe medicine management that meets legislative requirements. All staff who administer

The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. Summerset in the Bay uses plastic rolls for regular use and 'as required' medications. All short-course medication is provided in plastic rolls also. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are 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 the expiry date. Fourteen (14) electronic medication charts were reviewed. The medication charts reviewed confirmed that the general practitioner reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-administering their medication on the days of the audit. The facility follows documented policies and procedures, should a resident wish to self-administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. Over-the-counter medications and supplements are considered by the general practitioner and where possible prescribed on the medication chart. The registered nurses described the process to work in partnership with residents and family/whānau to ensure the

		appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. Over-the-counter medications and supplements are considered by the general practitioner and where possible prescribed on the medication chart.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well-equipped, and a current approved food control plan was evidenced, expiring on 27 June 2026. Dry ingredients are decanted into containers for ease of access. Dry goods evidence a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The chef manager is supported by part-time chefs and kitchen hands. All kitchen staff have completed safe food handling. There is a food services manual available in the kitchen. The head chef receives resident dietary information from the registered nurses, and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods), or residents with weight loss. The chef manager (interviewed) is aware of the residents' 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. Residents choose their menu ahead of time; however, this can be amended if they change their mind on the day. 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 24/7. On the day of the 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 chef manager oversees the completion of fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits.

		Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are transported to all dining rooms in bain-maries, and scan boxes are utilised to get meals to residents who prefer to have their meals in their rooms. 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. The residents and family/whānau interviewed stated the standard of food was satisfactory. They can offer feedback at the resident meetings, resident surveys, and ad hoc with care and kitchen staff. There is adequate food supply available for each resident for minimum of three days.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. 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. The residents and their family/whānau were involved in all exits or discharges to and from the service. Discharge notes are uploaded on the system, and discharge instructions are incorporated into the care plan. 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 leader explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Discharge planning includes 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 registered nurses.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building holds a current warrant of fitness, which expires August 2026. A property manager (interviewed) addresses day to day repairs and completes planned maintenance. There is an electronic maintenance request system for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, which a review of documentation confirmed is occurring as per schedule. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occur. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned. The facility is on two levels, with the care centre being on level one, and the serviced apartments on the ground floor. Lifts and stair-wells provide access between the two levels. Administration offices are located on the ground floor. Two full-time gardeners maintain gardens, and these evidence a high standard of upkeep. There is outdoor seating, shaded areas and many garden areas. Communal areas are spacious for the residents. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The registered nurses stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. All but five bedrooms have full ensuites. The bedrooms without bathrooms have a communal bathroom in proximity. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs, and all bedrooms have ceiling hoists in place. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. Group activities occur in the main lounge, and residents interviewed

		stated they were able to use alternative communal areas if they wished to move to a quieter space. Appropriate seasonal temperatures are maintained via a mix of wall heaters and heat pumps throughout the facility. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. The service has no plans to build or extend the care centre. However, the organisation has knowledge of the need to follow a co-design approach, which ensures that the aspirations and identity of Māori are reflected in any future additions to the care centre.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (FENZ), dated August 2006. Fire evacuation drills are held six-monthly, and the last one was completed in May 2026. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available, two barbeques and extra gas bottles to support the emergency cooking resources, if power is disrupted for longer periods of time. There is an adequate food supply available for each resident for a minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies (one main tank holds 30,000 Litres). Emergency management is included in staff orientation and is included in the ongoing education plan. 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. Indicator lights are displayed above

		resident doors and panels in hallways and the nurse's station to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed stated that call bells are generally answered in a timely manner. All gates are locked each evening, and access is only granted by speaking with staff on a video system. Care staff complete a security check each evening of the facility. The provider has systems in place that ensure all emergency and security arrangements are provided to all people using the services. The audit team were informed of these on day one of the audit.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention and control, as well as antimicrobial stewardship (AMS), are integral to Summerset in the Bay business quality, risk and management plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, and Health NZ. Infection control and AMS resources are accessible. The infection prevention coordinator attends the registered nurses' meetings, where infection prevention issues are discussed. Infection rates are reviewed bimonthly through the National Clinical Review Meeting. The National Clinical Review Group provides clinical governance oversight of care delivery and clinical systems across Summerset Group operations, including infection prevention and control, and antimicrobial stewardship programmes. The Summerset executive team demonstrated understanding of their responsibilities in relation to the infection prevention and antimicrobial stewardship programmes, and sought additional specialist advice and support where required to meet these responsibilities. The data is also benchmarked internally. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection control coordinator, the management team, the general practitioner (GP),

		and the public health team. There is a documented process for reporting infection control and AMS issues to the clinical governance group. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked to the quality risk and incident reporting system through the National Clinical Review group.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles, responsibilities, and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme, policies and procedures are reviewed by management in consultation with external consultants. There was a current infection prevention and control plan in place, which is reviewed annually. Policies are readily accessible and available to staff as needed. The pandemic response plan is clearly documented to reflect the current expected guidance from Health NZ. The registered nurse is the infection prevention and control coordinator (IPCC), and the job description outlines the responsibilities of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPCC has completed various online training courses in infection prevention and control. The IPCC was interviewed, described the pandemic plan, and confirmed that the implementation of the plan has proven successful during outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The internal audit of infection control monitors the effectiveness of education and infection control practices. The IPCC reported that they work in consultation with Health NZ IP control specialists in procurement processes for equipment, devices, and consumables. Sufficient infection prevention resources,

		including personal protective equipment (PPE), were available, and these were regularly checked against their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff members interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The cultural policy and guidelines state that the staff will work in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. There are no plans to extend or alter the building; however, the infection control coordinator would have input into the process if this occurred.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe	FA	The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size,

and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		scope, and complexity. Infection rates are monitored monthly, reported monthly, and presented at staff meetings. The registered nurse collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system, and action plans are implemented accordingly. The HAIs being monitored include infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions are implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The registered nurse completes benchmarking by comparing with the previous month's infection data and other similar Summerset facilities. All infection data is reported to the management team, clinical governance group, and the Board. Residents and family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. Since the previous audit, infections reported included a Covid-19 outbreak in July 2025, and a respiratory tract infection in September

		2025. These were managed in accordance with the pandemic plan. A continuous improvement rating was awarded to Summerset in the Bay following the successful implementation of targeted infection prevention and control interventions in response to a prolonged outbreak. The service demonstrated sustained reductions in infection events and improved infection surveillance and system stability through strengthened infection prevention and control practices.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are 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 of donning and doffing of PPE. There are sluice rooms, and all had sanitisers. All have separate handwashing facilities and adequate supplies of PPE. 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 are 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. The infection prevention and control coordinator provides support to

		maintain a safe environment during construction, renovation, and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The 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. The designated restraint coordinator is a registered nurse. Their job description for the role was sighted. There are no residents listed on the restraint register as using a restraint. The restraint coordinator interviewed described the focus on eliminating restraint wherever possible, and working towards maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-	PA Low	Policy and procedure guide staff to complete neurological observations post any unwitnessed falls and when head strike is suspected. The internal audit programme had identified that documentation of neurological observations was inconsistent, and a corrective action plan was in place. However, staff interview and review of documentation evidenced that the documentation of neurological observations post unwitnessed falls requires improvement.	The documentation of neurological observations post unwitnessed falls was inconsistently completed in four of four incident/accident event forms reviewed.	Ensure the documentation of neurological observations follow policy and procedure post all unwitnessed fall events. 60 days

assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				

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
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	A continuous improvement rating has been awarded to Summerset in the Bay following the successful implementation of a resident satisfaction improvement programme that demonstrated sustained and measurable improvements in resident experience and service delivery outcomes. Resident satisfaction survey results from March 2025 identified opportunities to improve resident experience and engagement within the service. Baseline survey results evidenced overall resident satisfaction at 72%, ease of doing business at 70%, and a Net Promoter Score (NPS) of +29. Analysis of the survey findings identified opportunities to improve communication processes, responsiveness to resident concerns, accessibility of services, and resident engagement within the village. In response to the identified opportunities, the service implemented a targeted quality improvement	The project evidenced continuous improvement beyond expected full attainment through the service’s effective use of resident feedback to identify areas requiring improvement, implement targeted interventions, monitor outcomes, and achieve sustained measurable improvements in resident satisfaction outcomes. The initiative demonstrated a strong commitment to resident-centred care, continuous quality improvement, and responsive service delivery.

		programme focused on strengthening resident communication; increasing engagement opportunities; improving responsiveness to resident feedback; and enhancing accessibility of information and services. Interventions included regular resident meetings; implementation of communication boards; increased visibility and accessibility of management staff; staff education; and ongoing review of resident feedback processes. The project was supported through the quality and governance framework, with ongoing monitoring and review of progress. Survey results from September 2025 demonstrated significant improvement in overall resident satisfaction, which increased from 72% to 91%. Although ease of doing business declined from 70% to 59%, the service identified this trend promptly through ongoing monitoring, and implemented additional targeted interventions aimed at improving service accessibility, communication pathways, and responsiveness to resident requests and enquiries. The NPS remained stable at +29 during this period. Subsequent survey results from March 2026 evidenced sustained and further improvement across all measured domains. Overall satisfaction improved further to 93%, ease of doing business improved significantly from 59% to 80%, and the NPS increased from +29 to +36. The results demonstrated that the interventions implemented by the service were effective in improving resident experience, communication, and overall satisfaction with the service.	
Criterion 2.3.3 Service providers shall implement systems to	CI	A continuous improvement rating has been awarded to Summerset in the Bay for the successful implementation of the 24/7 nursing care services (NCS) virtual nursing model, which resulted in	Post-implementation data evidenced a significant reduction in adverse clinical outcomes. Hospital transfers reduced from 13 to 5, representing a 61.5% reduction. Average monthly clinical events

determine and develop the competencies of health care and support workers to meet the needs of people equitably.		significant and sustained improvements in resident clinical outcomes and a reduction in hospital transfers. The improvement project was initiated following analysis of 2025 clinical indicator data, which identified higher-than-expected rates of hospital transfers and clinical events across the service. Monitoring and trending of quality data revealed opportunities to strengthen early clinical intervention, improve recognition and escalation of resident deterioration, and enhance access to timely clinical support, particularly after hours. In response, the service implemented the NCS 24/7 virtual nursing service in early 2026 as part of the 'Workplace of Tomorrow' care delivery model. Planning for the project included collaboration between village leadership, the nursing care services team, and the wider clinical governance structure. The implementation focused on improving clinical oversight, strengthening decision-making support for staff, enhancing early recognition of deteriorating residents, and reducing avoidable hospital presentations. Staff were supported through education, integration of escalation pathways, and ongoing access to virtual clinical support and guidance. Measurement of success was undertaken by comparing pre-implementation data (January to December 2025) with post-implementation data (January to April 2026). The service analysed hospital transfer rates and average monthly clinical events to evaluate the effectiveness of the intervention.	reduced from 53.2 events to 35 events per month, representing a 34% reduction. The data demonstrated improved clinical management, earlier intervention, and enhanced resident outcomes following implementation of the NCS model. The project demonstrated sustained and measurable improvements beyond expected levels of attainment, and evidenced effective use of quality data to drive service improvement initiatives. The implementation of the NCS 24/7 virtual nursing model improved access to timely clinical advice and strengthened staff confidence in managing deteriorating residents within the service. This contributed to reduced avoidable hospital transfers, improved continuity of care, and enhanced resident safety and wellbeing. The initiative is embedded within the organisation's clinical governance and quality framework, with ongoing monitoring and review of clinical indicators to ensure sustainability of outcomes and continued quality improvement. Survey results in 2026 evidenced that 100% of registered nurses at Summerset in the Bay reported increased confidence in clinical practice, with staff stating they valued having access to immediate clinical support and discussion regarding clinical concerns at all times.

Criterion 5.4.1 Surveillance activities shall be appropriate for the service provider and take into account the following: (a) Size and complexity of the service; (b) Type of services provided; (c) Acuity, risk factors, and needs of the people receiving services; (d) Health and safety risk to, and of, the workforce; (e) Systemic risk to the health and disability system as a whole.	CI	A continuous improvement rating has been awarded to Summerset in the Bay for the effective management of a sustained increase in infection rates and the implementation of targeted infection prevention and control interventions that resulted in sustained reductions in infection events and improved system stability. Review and analysis of infection surveillance data between November 2024 and April 2026, identified a sustained increase in infection events, with infection rates increasing from 10 events in November 2024, to a peak of 17 events in February 2025 and remaining elevated through March 2025. The prolonged outbreak period highlighted opportunities to strengthen early detection, escalation processes, infection surveillance, and standardisation of infection prevention and control practices. In response, the service implemented targeted infection prevention and control strategies, including reinforcement of hand hygiene practices; improved personal protective equipment (PPE) compliance; strengthening of isolation procedures; enhanced monitoring and trending of infection data; and improved outbreak escalation and response processes. These interventions were supported through the infection prevention and control programme and clinical governance systems.	The project demonstrated achievement beyond expected full attainment through the service's proactive use of surveillance data, implementation of evidence-based interventions, and sustained measurable improvements in infection prevention and control outcomes for residents. The success of the initiative was measured through ongoing infection surveillance, trend analysis, and monitoring of monthly infection events and rolling averages. Following implementation of the interventions, infection events reduced significantly from 17 events in February 2025, to 6 events in April 2025, representing a 57% reduction. Infection events subsequently stabilised between five and seven events per month, with a low of three events recorded in March 2026. In addition, the six-month rolling average reduced from approximately 13–14 events to 6–7 events, demonstrating sustained improvement and increased system stability over a 12-month period.

End of the report.