

# Summerset Care Limited - Summerset Palms Te Awa

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## 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Palms Te Awa
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 5 September 2024      End date: 6 September 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	56

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Summerset Palms Te Awa provides rest home, hospital (medical and geriatric), and dementia level care for up to 63 beds in the care centre and up to 56 rest home beds in the serviced apartments. On the day of the audit, there were 56 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand Te Whatu Ora. 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, and a general practitioner.

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

The certification audit identified shortfalls related to implementation of the infection surveillance and wound care management.

## Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

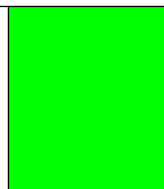
Summerset Palms Te Awa provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview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

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager is supported by a care centre manager and clinical nurse leads, who oversee the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset Palms Te Awa has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team.

Summerset Palms Te Awa collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The admission package is in place and available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision and assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. The resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are administered by registered nurses, and caregivers. Annual medication competencies and education are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Recreational therapists provide and implement an interesting and varied activity programme. Programmes include outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is promoted through all activities. Residents' food preferences, cultural needs 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. There is a current food control plan and nutritional snacks are available 24/7. Discharges or transfers are managed in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building has a current certificate of public use displayed. There is a planned and reactive maintenance programme in place. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Resident's rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. There are appropriate emergency equipment and supplies

available. A fire drill is conducted six-monthly. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained

## **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.		Some subsections applicable to this service are partially attained and of low risk.
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The implemented infection prevention and control and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention and control officer leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been three infection outbreaks reported. The outbreaks were managed effectively.

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. The service has been restraint free since opening. The staff have completed restraint minimisation and challenging behaviour training.

### 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	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the organisation which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Summerset Palms Te Awa is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. This was evidenced during the opening ceremony and blessing of the facility in November 2023 by the kaumatua from the local marae.</p> <p>At the time of the audit there were staff who identified as Māori. Summerset Palms Te Awa evidence commitment to a culturally diverse workforce as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>Interview with the Māori advisor for Summerset Palms Te Awa confirmed that, although there were no Māori residents, the care plans are individualised for residents which reflects their specific individual needs. The care plans included the physical, spiritual, family/whanau and psychological health of the residents. Activities</p>

		<p>for residents including Matariki celebrations, Waitangi and Māori language week supported the learning of te reo Māori and culture.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumatua from the local iwi, Pukemokimoki Marae, interpreters and Health New Zealand - Hawkes Bay Māori Health support unit.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>There are no residents that identify as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau. Registered nurses interviewed explained that family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The care centre manager (CCM) stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset Palms Te Awa partners with Pacific organisations through their Pacific employees to ensure connectivity within the region. Health and Disability Commissioners Code of Health and Disability Consumers' Rights (the Code) is accessible in Tongan and Samoan when required.</p> <p>The service continues to actively recruit new staff. There are currently staff that identify as Pasifika. The village manager described how Summerset Palms Te Awa increases the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with nineteen staff (seven caregivers, five registered nurses [including x2 care leads], two diversional therapist, one</p>

		kitchen manager, one kaitiaki, one laundry assistant, two housekeepers), three managers (village manager [VM], care centre manager [CCM], regional quality manager), four residents (one hospital and three rest home), five family/whānau (one dementia, three hospital and one rest home), and documentation reviewed identified that the service provides person centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse leads and the care centre manager discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English, te reo Māori and sign language. Discussions relating to the Code are held during the monthly resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Advocacy meetings are held every three months. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	FA	Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care

<p>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.</p>		<p>or other forms of support. Residents have control over and choice over activities they participate in. Summerset Palms Te Awa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. The first satisfaction survey results for Summerset Palms Te Awa (March 2024) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were three married couples at the time of the audit. Privacy is ensured and independence is encouraged. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village manager and care centre manager have completed training in te reo Māori as part of their orientation and ongoing as part of the roles. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were no residents identifying as Māori. The diversional therapist (DT) confirmed that the service would actively support Māori by identifying their needs and aspirations which would also include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe 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.</p>	<p>FA</p>	<p>The abuse, neglect and prevention policy is being implemented. Summerset policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education during orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and the March and May 2024 staff satisfaction survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings and quarterly advocacy meetings with a resident advocate identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>correspondence with family/whanau is recorded on the resident file and documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English and had minimal understanding of English. Staff described how they communicated with this resident using prompt cards and staff who spoke the same language. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager and clinical nurse leads described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding the recent Covid-19 outbreak through emails, regular newsletters, and resident meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>Informed consent processes were discussed with residents and families/whānau on admission. The resident files reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The general consents were signed appropriately as part of the admission process by the resident or</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>The shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had 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 the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney as part of the mandatory training.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is held electronically. There have been seven internal complaints, and no external complaints received since the facility was opened. All internal complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There were no trends identified and all complaints are closed as resolved to the satisfaction of the complainant. Staff</p>

<p>in a manner that leads to quality improvement.</p>		<p>are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Monthly resident meetings and three-monthly advocacy meetings provide a platform where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>Interview with the village manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Summerset Palms Te Awa is located in Napier and was opened in November 2023. The service has 63 beds across the care centre (20 in the memory care unit and 43 dual purpose beds) and 56 rest home beds in the serviced apartments. All care centre beds on level one are certified for dual purpose. There are 12 double rooms for couples (two in the memory care unit, and ten in serviced apartments).</p> <p>At the time of the audit there were a total of 56 residents. There were ten residents at dementia level of care, 14 residents at hospital</p>



<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>level of care including one on Accident Compensation Corporation (ACC) funding and 32 residents at rest home level of care, including seven residents in the serviced apartments. All other residents were under the aged related residential care contract (ARRC).</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the General Manager of Clinical Services. Members of the committee include the Regional Quality Managers, Clinical Improvement Manager, Dementia Specialists, Clinical Pharmacist, Programme Lead - Diversional Therapy and the Clinical Learning and Development Manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The General Manager of Clinical Services (chair of the group) reports to the Chief Operating Officer. The General Manager of Clinical Services works with the Chief Operating Officer and Summersets CEO to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>Members of the National Clinical Review Group (governing body for clinical) have completed training provided in Summerset’s learning platform (iLearn) on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the National Clinical Review Group. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a cultural advisor on the board. There is a quality and risk management programme, and a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The National Clinical Review Group provides the organisations clinical governance. Each village is allocated a Regional Quality</p>
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	<p>Manager (RQM's) who are part of the National Review Group. The RQMs report to the Head of Clinical Services. They provide clinical support and guidance to the Care Centre Managers and clinical teams at each Village. The General Manager of Operations and General manager Clinical Services report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains, high level complaints, combined financial performance summary for operations, care and food services, safe staffing benchmarking for caregivers and RNs, clinical indicators, summary of external and internal certification and surveillance audits, and summary of 'category A' events (high risk events).</p> <p>The 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business 2023/2024 quarterly reviewed and quality plan and staff training.</p> <p>The village manager (non-clinical) has been with Summerset for 12 years and in the village manager role since 2020. They have over 10 years of management experience in aged residential care. They are supported by a care centre manager, a registered nurse, who has been in the role since the care centre opened in November 2023, with over four years of clinical management experience in aged care. The village manager and the care centre manager are both supported by regional quality manager and Summerset general manager of operations, two clinical nurse leads (registered nurses) and a team of registered nurses, care, housekeeping, kitchen, activities, maintenance, and administration staff. The management team reports a recent roster review having been completed and recruitment into caregiver vacancies as the occupancy has increased.</p>
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		<p>The village manager reports monthly to the General manager of Operations. The care centre manager completes a monthly clinical indicator /analyser report to regional quality manager who in return will discuss any issues in the region at the National Clinical Review Group. The regional manager has fortnightly meetings with the head of clinical services to address any issues of concern, corrective actions and any high-risk areas. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The 2024 business plan for Summerset Palms Te Awa describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care, health and safety, dementia friendly, customer experience, staff satisfaction and workforce learning development, and sustainability and social responsibility. Quality goals for 2024 include reducing the incidence of urinary tract infections, soft tissue infection and resident falls. The goals are reviewed quarterly.</p> <p>The village manager and care centre manager have completed the required training hours related to the management of a care facility and include leadership training with topics on conflict management, change management, complaints management, Code of ethics.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset Palms Te Awa is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, clinical review (registered nurse) and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place. Corrective actions are brought forward to the next meetings or signed off when completed. Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated</p>

	<p>implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard.</p> <p>The first resident/family satisfaction surveys were completed in March 2024 for Summerset Palms Te Awa and evidenced overall satisfaction of 87% on all areas of service delivery against the organisational satisfaction of 86%. The net promoter score of 49 was achieved which was above the Summerset average of 42. Opportunities for improvement have been identified and implemented.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed January 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. All corrective actions from the December village health and safety audit were followed up, completed and signed off. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries since the facility opened.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety, quality improvement and staff meetings and at handover. A notification and escalation matrix are available to staff.</p>
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		<p>The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been six Section 31 notifications completed to notify HealthCERT since November 2023: two related to resident aggressive behaviour, two wandering from rest home area, one resident exiting the secure dementia care wing and one for the appointment of care centre manager.</p> <p>There has been three Covid-19 related outbreaks reported: December 2023, June 2024 and September 2024. All the outbreaks were well managed (including the current one at the time of the audit) and reported appropriately.</p> <p>Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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.</p>	FA	<p>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Any absences and sick leave are covered through extending working hours through mutual agreement with employees, contacting staff available to pick up when off or use of the casual pool of staff. As the occupancy has increased the service has been recruiting more caregivers to fill in the required need. There were no registered nurse vacancies reported at the time</p>

	<p>of the audit. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There were three caregivers undergoing orientation at the time of the audit. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required.</p> <p>The managers all work full time Monday to Friday. The care centre manager is on call for any clinical concerns, the village manager responds to any non-clinical requests and there is always a regional quality manager providing on-call for the service. There is a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There are staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days with on call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The organisation supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through CareerForce. Summerset Palms Te Awa supports all employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Of the 32 caregivers employed,</p>
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		<p>25 have achieved a level three NZQA qualification or higher. Four caregivers have attained a level two qualification, and three are on level 0. There is a national learning and development team that support staff with online training resources. There are 11 caregivers rostered across the dementia unit. Two have achieved the required standards, nine are enrolled and have been employed for less than 18 months.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses complete specific competencies including restraint, medication administration, wound care subcutaneous fluids, syringe driver and interRAI assessment competency. Nine of ten registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. To date these have been completed as part of orientation. A selection of caregivers were in the process of completing medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal schedule in place; however, as no staff have been employed for more than a year, there were no staff due for performance appraisal as per policy at the time of the audit.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented. Debrief meetings were held post outbreaks.</p>
<p>Subsection 2.5: Information</p> <p>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.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-</p>



		<p>based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Entry into the service by residents is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The eight admission agreements reviewed align with all contractual requirements. A short stay admission agreement is completed for residents who require respite/short stays. All exclusions from the service are documented in the admission agreement.</p> <p>Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager and care centre manager are available to answer any questions regarding the admission process. The clinical nurse leads and the RNs who were interviewed advised the service communicates openly with potential residents and family/whānau during the admission process.</p> <p>Declining entry to a potential resident would only occur if there were no beds available or they did not meet the admission criteria. If residents are declined the resident and family/whānau are provided with alternative options and links to the community. Ethnicity information collated at the time of enquiry from individual residents is analysed for the purposes of identifying entry and decline rates. The care centre manager confirmed records would be kept if any potential resident was declined as per policy. Analysis is completed by support office and the results are shared with facilities. The service has a meaningful partnership and working relationships with local kaumātua to benefit Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: three at hospital level (including one on a short stay ACC contract), three at rest home level including one resident who was in a serviced apartment and two in the dementia unit (memory care support). Initial care plans are developed with the residents or with enduring power of attorneys' (EPOA) within the required timeframes. Care plans are based on data collected during the initial nursing assessments, which includes risk assessments, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Long-term care plans are designed to be holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet most of the residents' assessed needs; all care plan interventions were detailed to direct comprehensive care delivery. Short-term care plans are developed for acute/short term needs; with all ongoing needs added to the long-term care plan.</p> <p>The resident on ACC had appropriate risk assessments completed and a detailed care plan was documented.</p> <p>Care plans include strategies for managing/diverting of behaviours that challenge. Currently there are no residents who identify as Māori; however, a comprehensive Māori health care plan is in place which describes the supports required. The RNs interviewed understood and were able to describe how they would remove barriers, so residents have access to information and services required to promote independence. The RNs and clinical nurse lead also described working alongside residents and family/whānau when developing care plans, so residents pae ora outcomes would be developed.</p>

	<p>The general practitioner (GP) completes the initial medical assessment within the required timeframe following admission. Residents have regular reviews by the GP within required timeframes and when there are changes in health status. The GP visits the facility twice weekly. Documentation and records reviewed were current. The GP was interviewed and stated there was excellent communication with the service, both clinical nurse leads and RNs demonstrate good assessment skills and informed the GPs of concerns in a timely manner. The GP is available out of business hours until 8pm. After this time an ambulance is called. A physiotherapist visits the facility twice a week and reviews residents referred by the RNs.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family are informed where changes in health occur, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.</p> <p>A range of wound care products were available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner; however, wounds were not always reviewed at planned intervals. Photos were taken where this was required. There were eight residents with one wound each (skin tears, abrasions and lesions). There were no residents with pressure injuries. Where wounds required additional specialist input, the wound nurse specialist was consulted.</p> <p>Caregivers interviewed describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and RNs. When there are changes in the residents' health, these are reflected in the progress notes to reflect the residents' journey. A review with the GP is initiated by RNs or the clinical nurse lead following complete comprehensive assessments including (but not limited to) falls risk, pressure risk and pain assessment. When an incident or changes in health status occur the care plans were updated by the RNs and progress notes were updated. All resident incidents were evidenced as being</p>
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		<p>followed up in a timely manner by the clinical nurse lead or the RNs.</p> <p>Monthly observations such as weight and blood pressure were completed and were up to date. Interviews with caregivers confirmed they are familiar with the needs of all residents in the facility, and they have access to the supplies and products required to meet those needs. In the event of a fall, the falls policy is followed. Neurological observations were implemented following falls that require them such as unwitnessed falls. Post falls assessments and neurological observations have routinely been commenced as per policy. The incidents that were reviewed were for falls where no injury was sustained. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Effectiveness of pro re nata (PRN) analgesia is documented in the electronic progress notes and electronic medication administration system.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RNs. Evaluations include the degree of achievement towards meeting desired goals and outcomes was implemented to monitor the effects of the change.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is implemented by the activities team. There are two recreational therapists, both have completed a diversional therapy level four qualification and work full time each providing the programme Monday to Friday. In addition, there are two kaitiaki, who work alongside the recreational therapists in both the care centre (hospital/rest home) area and in the dementia unit. The two kaitiaki roles are rostered from 9am to 7:30pm seven days a week to provide additional support. All members of the team work alongside the caregivers to support all residents with their activities. Programmes are developed for each area however the overall programme has an integrated resident led approach to the activities</p>

	<p>programme that is appropriate for all residents.</p> <p>Activities programmes were displayed in large print on noticeboards around the building and each area also has a whiteboard advising of the day's events, to assist all residents and staff to know what is on the daily programme. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises: pet therapy, intellectual games, board games, happy hour, walking groups, quizzes, church services, bingo, singalongs, colouring art, craft, and musical entertainment. The programme allows for flexibility and resident choice of activity. For residents who choose not to participate in group activities, one on one visits from the recreational therapists, kaitiaki and caregivers occur regularly. There is a Tovertafel unit in the dementia unit and the services utilises sensory pet therapy with realistic cats and dogs which respond to the residents touch. Outings are organised weekly and regular visits from community visitors occur. Church services including multi-denominational services are available. On the day of the audit, residents were participating in exercises and enjoying entertainment.</p> <p>Te reo Māori is included in the daily programme with the use of phrases and everyday words. The service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Matariki, Easter, daffodil day and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has connections with the local marae and access to local kaumātua through established linkages. The Māori consultation partner supports the activities staff in organising celebrations of Matariki, Māori language week and te Tiriti o Waitangi. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the recreational therapists and include cultural assessments, information on residents' interests, previous occupations are gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs.</p>
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		<p>Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process. The residents and their family/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures were in place for safe medicine management. Staff responsible for medication administration have all completed medication competencies and education related to medication management. There is a spacious locked medication room in the care centre on level one where medications are stored, including medications for the rest home residents in the serviced apartments. There is a secure medication room in the Memory Care Unit. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and were within expiry date. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted either regular doses or pro re nata (as required). The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made.</p> <p>All 'as required' medications had prescribed indications for use; with the effectiveness of 'as required' medication recorded in progress notes or the medication system. Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management. There were no residents self-administering their medications on the day of the audit. There are policies to guide assessment, monitoring, and review procedures should residents wish to self-medicate. A medication audit is completed as per the audit schedule and</p>

		corrective actions implemented where required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen services are overseen by the kitchen manager (chef) who is supported by two chefs (one care centre and one café) kitchen assistants and a kitchen hand. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu has been reviewed and meets requirements for older people. The menu provides options for residents to choose from for the midday meal. Food preferences and cultural preferences are included at resident's requests including hangi or other cultural requests. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Nutritious snacks are available 24/7 in all units.</p> <p>The menu provides pureed/soft meals as well as gluten free options if required. Alternatives are available at the residents' requests or provided as needed. Specialised utensils and plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available. There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan expiring in December 2024. Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are put in temperature controlled hot boxes which are transported to the dining rooms and served by chefs from a bain-marie to residents according to the choices the residents have selected. Food temperatures are recorded. Residents who don't wish to have their meals in communal dining rooms can have their meals in their bedrooms. Residents were observed enjoying their meals at small and attractive table settings which met individual resident preferences. Staff assistance is available to assist those</p>

		<p>residents who require this. There are kitchenette areas with cold drinks available and tea and coffee facilities, small fridge, and a microwave in communal areas for residents and family/whānau to use. Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. The kitchen manager stated cultural meals are provided at the request of the resident and or family/whānau. Kitchen staff and caregivers interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Information regarding unintentional weight loss for residents is shared with the chef lead to ensure residents' requirements are being met. To assist with residents' experiencing weight loss, fortified smoothies and meals are provided. The kitchen staff utilise Pure Food products moulded into food shapes in to assist with residents' who require dietary modifications such as pureed food. Additional calcium and protein have been added to menu items to assist in improving residents' overall wellbeing. The introduction of "Better Life Boosters" which are additional food items available daily from the kitchen for residents requiring additional snacks and fortification have added to the Summerset menu by the dietitian.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge, transition or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all 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 Transfer notes include advance directives, medication chart, GP notes, summary of the care plan, and resident's profile, including family/whānau details. When resident's return to the service, the discharge summary is uploaded to the electronic resident's file. The RNs advised comprehensive handovers occur between services.</p>



<p><b>Subsection 4.1: The facility</b></p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current certificate of public use valid until 15 November 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The service is meeting the relevant requirements, as identified by relevant legislation, standards, and codes. The service employs a full-time property manager, and they are supported by two fulltime maintenance assistants and two gardeners. Maintenance requests are documented electronically and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is an electronic preventative maintenance plan that includes electrical checks, test, and tag of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. All electrical equipment is new and will be checked as part of the annual maintenance and verification checks. Essential contractors such as plumbers and electricians are available 24-hours a day as required. There are ample storage areas for hoists, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to within care plans to provide care.</p> <p>The serviced apartments have been certified for rest home level care. There is a nurse's station in the centre of the serviced apartments on the 1st floor. There is a specific serviced apartment dining room on level one (for rest home residents) and on the ground floor for rest home residents. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge and separate bedroom and ensuite.</p> <p>The ground floor Memory Care Unit is built around a large, landscaped courtyard. The resident rooms all have individual ensuites and spacious rooms. Some rooms have doors opening into a courtyard. There are bright colourful spacious communal areas. The courtyard is accessible for the residents in the Memory Care Unit from both lounges on each side. There are external paths that lead from the dining area and from the lounge, with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters, seating, and umbrellas for shade.</p>

		<p>All dual-purpose hospital and rest home level of care suites are on level one. Each care suite has its own ensuite which is spacious and accommodates hospital equipment. There are ceiling tracks for hoists in each room. There is a large main lounge and a smaller lounge, a balcony and a family/whanau room in the rest home/hospital area. The dining area in the hospital/rest home area is adjacent to the lounge. Meals are served from the servery area to the residents by kitchen staff. All communal areas are easily accessible for residents with mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The resident rooms are large and have ample natural light and ventilation. Air conditioners and central heating are used to maintain a safe and comfortable temperature. The facility was maintained at a warm and comfortable temperature on the days of the audit. There are adequate numbers of accessible communal bathroom and toilet facilities which have appropriate flooring and handrails. Visitor toilets have disability access and are conveniently located and are identifiable. The Summerset policy states that consultation would occur with Māori and iwi if significant changes and proposed changes are considered for a facility. The service has established relationships with the local Iwi who have also blessed the land and providing a blessing and karakia on opening. The village manager confirmed the village would reflect the aspirations and identity of Māori for any new building construction in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. An emergency and civil defence plan guides the staff in their preparation for disasters and describes the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 3 October 2023. The fire evacuation drills are conducted every six-months and are</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>added to the training programme, the last drill was completed on 23 May 2024. Fire training and security situations are part of orientation. Emergency equipment is available. A contracted service provides checking of all facility equipment, including fire equipment. First aid kits are located in the van and in the car, property shed, grab bag in the care centre, kitchen and at reception. All registered nurses, activity coordinators and caregivers hold current first aid certificates, ensuring there is a first aid trained staff member on duty 24/7. The service also has a generator available in the event of a power failure for emergency power supply.</p> <p>There are extra blankets available and a centrally located civil defence cupboard on the ground floor which holds all necessary civil defence equipment. These stocks are checked six monthly. There is stored water in header ceiling tanks (containing 10,00 litres) and 100 litres in containers stored centrally that meets the requirements of the local civil defence guidelines. There are sources available for alternative cooking, one BBQ's and gas hobs in the kitchen. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There is a functional call bell system. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Security cameras are located at the facilities main entrance, memory care, lobbies, back entrance and reception and front car parks.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the infection prevention and control (IPC) coordinator (registered nurse). The infection prevention and control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team. Expertise and advice are sought from the general practitioner, nurse practitioner, Health New Zealand infection control team and experts from the local public health unit as and when required. The infection prevention and control (IPC)</p>

		<p>coordinator attends the clinical review, IPC and quality improvement meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset Palms Te Awa business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Summerset has an infection control and antimicrobial stewardship programme that aligns with Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. There is a documented pathway for reporting infection control and AMS issues to the governing committee. Infection rates are discussed regularly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset Operations including infection prevention control and antimicrobial stewardship (AMS) programmes. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control (IPC) coordinator (on leave at the time of the audit), is a registered nurse, leads, oversees and coordinates the implementation of the infection prevention and control programme. They are supported by the care centre manager. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection prevention and control programme implemented that was developed with input from external infection control services. The programme was approved by the national clinical review group, is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and</p>

	<p>include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection prevention and control related education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 outbreaks. Education with residents was provided on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator consults with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The care centre manager stated that the IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser bottles were available. The kitchen linen is washed separately. There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The care centre manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved and is reviewed by the national clinical review group. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the National Infection prevention and Control Group (which includes IPC Coordinators from each care centre), with a particular focus on infections that do and don't meet the infections surveillance criteria and appropriate taking of specimens and antimicrobial usage. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service does not currently include ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated with evidence of sign off when completed. Records of monthly data sighted confirmed minimal numbers of infections; demonstrated comparison with the previous month;</p>

		<p>reason for increase or decrease; and action advised. Summerset Palms Te Awa continues to work on quality improvements in relation to reducing urinary tract and soft tissue infections and achieving 90% vaccination rates. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There have been three Covid-19 related outbreaks reported since the facility was opened in November 2023; December 2023; July 2024 and at the time of the audit there three residents in the serviced apartments with Covid-19. The outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. Documentation and resident monitoring of current residents affected by Covid-19 was comprehensive and reflective of policy requirements. All outbreaks have been reported to Public Health and Health New Zealand.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. QR ('quick response') codes for material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and</p>

		<p>periodic cleaning. Personal laundry and bed linen is washed on site or by family members or residents if requested. The laundry is delivered to the laundry using trollies. The laundry area 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 laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families and the choice of device must be the least restrictive possible. At all times when restraint is considered the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator was not available on the days of audit; however, the restraint folder confirms evidence of a comprehensive orientation to the role including restraint policies and procedures.</p> <p>The facility has maintained a restraint free environment since opening. An interview with the care centre manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint review meetings occurs two monthly and include the care centre manager, restraint officer, a caregiver representative, a kaitiaki, and the memory care lead as part of the quality improvement meeting. Restraint policy confirms restraint is only used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who were</p>



		familiar with a facility goal to remain restraint free. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually. The service is committed to maintaining a restraint free environment.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes</p>	PA Low	<p>There was a wound register in place with eight wounds including minor skin tears documented as unresolved. Wound dressings are completed by the RN. Wound care competencies were completed and up to date by those responsible for the wound dressings. There are comprehensive policies and procedures related to wound management; however, not all wound dressings were completed within required timeframes. Caregivers and the care leads interviewed stated they have access to a wound nurse specialist when required. There were adequate wound dressing supplies sighted.</p>	<p>Three of three wounds reviewed did not meet documented timeframes as per management plan.</p>	<p>Ensure all wounds evidence documented timeframes as per the management plan.</p> <p>90 days</p>

are documented.				
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service does not currently include ethnicity data in the surveillance of healthcare-associated infections.</p>	<p>There is no evidence to demonstrate that the service is currently includes ethnicity data to infection surveillance.</p>	<p>Ensure inclusion of ethnicity data to infection surveillance</p> <p>90 days</p>

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

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

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

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

No data to display
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End of the report.