

Rhodes on Cashmere HealthCare Limited - Rhodes on Cashmere

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rhodes on Cashmere HealthCare Limited
Premises audited:	Rhodes on Cashmere
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 May 2022 End date: 10 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	0

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

General overview of the audit

Rhodes on Cashmere is owned and operated by the Arvida Group. Rhodes on Cashmere is a modern, spacious, purpose-built facility integrated into the existing Rhodes on Cashmere apartment block (retirement village). The care centre is to operate across three levels (with 14 resident rooms on the ground floor, 14 rooms on level 1, and 7 rooms on level 2). The design of the facility embraces Arvida's living well model with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 35 dual-purpose beds. All are licence to occupy units. The service plans to open two floors initially from the 18th of July 2022.

This partial provisional audit was undertaken to assess the new purpose-built care facility. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management.

The village manager at Rhodes on Cashmere has been in leadership roles within Arvida for the last 2.5 years. She has been in the village manager role at Rhodes on Cashmere for the last 6 months. She is supported by an experienced aged care clinical manager.

The audit identified the design of the dual-purpose households, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

Improvements are related to opening of the new facility, including completing induction, completing refurbishing, certificate of public use, landscaping, and approval of the fire evacuation scheme.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

There are several governance bodies within the Arvida Group. The Arvida Wellness & Care Team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa section and referenced to legislation where appropriate. This team leads the Attitude of Living Well across Arvida's retirement communities to ensure resident experience aligns with the Arvida mission and vision.

Data is captured by the Wellness Systems Manager on a monthly and quarterly basis to review specific agreed clinical Indicators, both internally, nationally and with other service providers with the goal of improving outcomes within the care communities.

The strategic plan allows for review of overall goals, based on the needs of the village communities. The management team have established relationships with Māori in the community.

There is a Rhodes on Cashmere Business plan and transition plan around the opening of the care centre.

Arvida's overall goal is to engage the resident as a partner in care. This puts the resident at the centre of care, directing care where they are able and being supported by and with whānau as much as practicable.

Rhodes on Cashmere have developed a number of draft rosters as resident numbers increase across the new facility.

There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified or the monthly organisational learning focus and challenges.

The service has Human Resource (HR) policies, HR recruitment processes, a comprehensive induction orientation and training package, documented job descriptions, new employee package, employee handbook and Attitude of Living Well training package and resources. A three-week induction programme is being provided for all new staff in June 2022 prior to occupancy.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. There are medication rooms situated on level 1 (ground floor) and level 2. The registered nurses and designated wellness partners are responsible for administration of medications. Education and medication competencies are to be completed during the induction weeks.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. There is a spacious dining room. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

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

A certificate for public use has yet to be obtained. The care centre is built over three floors. Level 1(ground) and level 2 have the same footprint with 14 resident rooms each and large open plan lounge and dining areas. Level 3 has seven rooms with a

communal open plan lounge/ dining area. There is lift access between the floors. The resident areas are decorated and carpet and vinyl is laid. Furniture has been purchased and is yet to be placed in the dining rooms and lounges.

All resident rooms and suites are spacious with large windows, each have a kitchenette area and all rooms have an ensuite. The corridors are wide and there is easy access to all areas and all floors for residents using mobility aids.

The service has a part time maintenance man employed, preventative and reactive maintenance schedules will be implemented. Hot water temperatures are included in the maintenance schedule.

The fire evacuation plan was in draft form at the time of the audit. There are emergency exits clearly identified. Organisational emergency preparedness policies and procedures will be implemented, and staff will receive training around emergency management during the orientation period. The facility is secure, the site is gated. Security cameras are installed in communal areas and corridors. The main door locks automatically at dusk and opens at dawn.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is the clinical manager. Education is to be provided to staff at induction to the service and is included in the education planner. Antimicrobial medicine data is to be collated and monitored monthly. Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs and will include Rhodes on Cashmere.

The laundry and cleaning areas are yet to be fully functional. There is a residents laundry situated on the ground floor. The sluice rooms, main laundry and cleaning cupboards will have swipe access activated. Lockable cleaning trolleys have been purchased.

Here taratahi | Restraint and seclusion

Not Audited

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	7	0	5	0	0	0
Criteria	0	71	0	9	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. There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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 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 delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Rhodes on Cashmere is owned and operated by the Arvida Group. Rhodes on Cashmere is a modern, spacious, purpose-built facility integrated into the existing Rhodes on Cashmere apartment block (retirement village). The care centre is to operate across three levels (with 14 resident rooms on the ground floor, 14 rooms on level 1, and 7 rooms on level 2). The design of the facility embraces Arvida’s living well model with each household designed as a small stand-alone household with its own kitchen and lounges. There are a total of 35 dual-purpose beds. All are licence to occupy units. The service plans to open two floors initially from the 18th of July 2022.</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent, team of five professionals.</p>

		<p>Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the Arvida Executive Team. Arvida Group's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group.</p> <p>The Arvida Executive Team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The Executive Team comprises of eight experienced executives.</p> <p>The organisation is in the process of establishing a Health Equity Board. This Board will be responsible for reviewing the implementation of Ngā Paerewa, monitoring of performance goals and reviewing the groups health equity strategy. Data is captured by the Wellness Systems Manager on a monthly and quarterly basis to review specific agreed clinical Indicators, both internally, nationally and with other service providers with the goal of improving outcomes within the care communities.</p> <p>The Arvida Wellness & Care Team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa section and referenced to legislation where appropriate. This team leads the Attitude of Living Well across the retirement communities to ensure resident experience aligns with Arvida's mission and vision.</p> <p>Village Managers work with a network of senior staff who act as support partners to provide support and mentoring</p>
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	<p>to village manager's, reporting through the senior leadership and executive teams to the Board. The village manager at Rhodes on Cashmere has been in leadership roles within Arvida for the last 2.5 years. She has been in the village manager role for the last 6 months. She is supported by an experienced aged care clinical manager.</p> <p>The village manager meets regularly with her support partner and goals, strategies and issues are addressed and escalated as appropriate to the relevant support office expert or to the Executive Leadership Team (ELT). The ELT meet (virtually) weekly, and the Board meets monthly.</p> <p>The strategic plan allows for review of overall goals, based on the needs of the village communities. The management team has established relationships with Māori in the community. The village business plan 2022 identifies barriers to equitable service delivery as the focus of the Arvida Group Health Equity Board. Arvida's overall goal is to engage the resident as a partner in care. This puts the resident at the centre of care, directing care where they are able and being supported by and with whānau, as much as practicable. The business plan identifies that active participation is encouraged by the clinical team and care planning is discussed and reviewed in partnership with the resident and their family/whānau at regular intervals.</p> <p>Arvida has a contracted Māori consultant available for 2022, to support policy review, Te Reo, Te Tiriti, and Tikanga Māori training and provide additional support. This position is a one-year tenure, and further review of</p>
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		<p>the overall strategy and goals will be developed in 2023. Arvida is in the process of setting up a Maori Health Committee whose role will include providing input into existing structures and operational policies to ensure they support the Arvida vision and mission and better reflect equitable outcomes.</p> <p>The clinical manager at Rhodes on Cashmere has the role to lead clinical governance within the care centre. This role is supported by the village manager and their support partner. The National Quality Manager and the Wellness and Care team (based in the Support Office) provides a specialised team to support best practice in a number of clinical areas – for example medication management, pressure injury, dementia care, all of which have access to expert advice, when and if required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an Arvida Staffing Rationale policy and Rhodes on Cashmere opening and transition plan. Rhodes on Cashmere have developed a number of draft rosters as resident numbers increase across the new facility.</p> <p>The draft roster identifies that there is a wellness partner (caregiver) rostered AM and PM shift in each of the households. A registered nurse is rostered across 24/7 and the clinical manager 0800 – 1630 Mon- Fri.</p> <p>A further draft roster has been developed for the opening of all floors/ households and demonstrates an increase in staffing as resident numbers increase. The draft rosters also consider the assessed level of residents and has flexibility for the acuity of residents.</p>

		<p>There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified or the monthly organisational learning focus and challenges. Altura learning is captured on the individual staff member's learning and development file. Staff and residents are encouraged across Arvida to participate in Attitude of Living Well training and regular household meetings to maximise participation in their household activity.</p> <p>In addition, staff have access to training which includes Lippincott on line, Frailty Care Guide, Monthly challenges, and Focused Village learning – such as palliative care training, specialised wound care training.</p> <p>The organisation has mandatory competencies which includes: safe moving and handling, medication competency, hand hygiene / Infection prevention and control. (annually) and fire safety and emergency management (6 monthly).</p> <p>The Arvida People and Culture portfolio is currently under review – one of the goals is to support worker wellbeing and foster a positive staff environment to improve recruitment and retention and an improved employee experience. People and Culture is currently under review with staff feedback being actively sought. The goal is to strengthen the people and culture function and provide improved organisational support, feedback, and staff health equity expertise as part of this process.</p>
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		Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training package, documented job descriptions, new employee package, employee handbook and Attitude of Living Well training package and resources. Individual HR files are kept for each staff member and this information is captured on the Time Target system for staff and in individual files for GP's and allied health professionals. The service validates professional qualifications as part of the employment process. The service is working through a contract with a local GP service. The GP will visit initially once a week and increase as resident numbers increase. The GP will be available on call (by phone or text) after hours between 8am and 8pm 7 days per week and the emergency Christchurch 24/7 After Hours service is available outside of these hours.</p> <p>There is a contracted Physiotherapist confirmed that will visit 4 hours initially a week. A contract is in place with a local pharmacy and a podiatrist.</p> <p>There are currently 21 staff employed including sufficient staff to cover the roster for the initial opening of floor two and three. There are 12 Wellness partners (caregivers) currently employed across the village apartments. The majority have completed either Career force level 4, level 3, level 2, or level 0. A further six caregivers are to be employed. There are five RNs employed to date and a further two more to be employed. All are interRAI and first</p>

		<p>aid trained. Two Wellness leaders have been employed (trained diversional therapists). A food service manager has been employed and will commence on 20 June. One FTE cleaner is currently employed. The service is in the process of employing kitchen hands and further cleaners.</p> <p>A three-week induction programme is being provided for all new staff in June 2022 prior to occupancy. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include medication, insulin, safe moving and handling, infection prevention and control, hand hygiene, and restraint. Staff induction also includes training in the Attitude of Living Well (which focuses on resident led care).</p> <p>Formal performance appraisals and development plans for staff follow the organisational process which includes a comprehensive induction, 3 monthly performance discussion and annual performance appraisal and development planning meetings.</p> <p>Ethnicity data information is captured in the payroll and Time Target systems. However, the organisation is currently exploring the introduction of a comprehensive HR system which will capture this information in one central system.</p> <p>Staff will have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by management.</p>
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<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>PA Low</p>	<p>There are organisational medication management policies in place which will be implemented. There is a contract in place with a pharmacy who will deliver medications to the facility. Blister packs will be used for all medications. The service will implement the electronic Medimap medication system. There are medication rooms situated on level 1 (ground floor) and level 2. The medication rooms are fully fitted with adequate cupboard and stainless steel bench space, a locked controlled drug safe is installed, the medication fridge is yet to be installed and the swipe access to the medication room not yet activated. The medication rooms have security cameras fitted, adequate lighting, flooring is yet to be laid. Medication rooms are temperature controlled to ensure a steady room temperature is maintained.</p> <p>All resident routine medications will be stored in a locked drawer in their ensuite which is moisture proof. All controlled drugs and as required drugs will be stored in the medication rooms. Medication will be administered by medication competent staff and will include RN's, EN's and Level 4 wellness partners (caregivers). The registered nurses will complete syringe driver competencies. All competencies related to medications will be completed prior to occupancy.</p> <p>Arvida have policies and procedures in place for any residents who wish to self-administer medications. Arvida have competencies to be completed and reviewed on a three- monthly basis for any residents wishing to self-administer medications.</p>
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		<p>Arvida do not use standing orders and all over the counter medications residents wish to take will be reviewed by the GP and prescribed on the Medimap system. All residents will be supported to access medication as they choose.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen is situated on the ground floor and is yet to be furnished and fitted. On the day of the audit, cooking facilities, benches, dishwashers, flooring etc had not been installed (link 4.1) There is an area defined for the pantry, there will be a walk-in fridge and freezer. The service has employed a chef, and plan to employ a team of food services staff (link 2.3.1). Meals will be transported to level 2 and 3 in hot boxes. All rooms have kitchenette areas with tea and coffee facilities small fridge and a microwave. There are 12 deluxe suites throughout the facility which have cooking facilities (2 pot hob) which can be disabled if required, fridge and dishwasher.</p> <p>Menu development follows Arvida ‘Eating Well’ requirements. Rhode’s menu has been developed from Arvida’s base menu in collaboration with the current residents residing at Rhode’s village. The menu contains ‘resident choice’ slots each week for spontaneous resident requests which are encouraged to be shared in a weekly food services manager (FSM) and resident meeting (e.g. residents want to try a recipe following watching a cooking show). Food preferences and cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, family and/or own recipes for the village menu.</p> <p>The menu also contains a themed meal once over the four-week cycle which will be planned between the FSM</p>

		<p>and the residents, encouraging resident driven cultural themes. Examples we have seen in the past are 'Mexican night' where meal ideas and decorative themes are planned alongside the residents. Pure Food develops a menu which closely matches the base menu and includes a varied range of meal and dessert options.</p> <p>Other specific dietary needs, intolerances and/or allergies are carefully planned alongside residents and our National Dietitian. As per the organisations Eating Well Pillar residents are encouraged to participate in aspects of food services as appropriate. Residents who reside at Rhodes' will be encouraged to assist with folding napkins, setting tables, and sharing/teaching staff and performing traditional methods of cooking as appropriate e.g. hangi.</p> <p>Rhodes on Cashmere currently has a fully operational resident led vegetable garden that will allow residents to provide vegetables for the food service. As per the Dietitians NZ audit tool, the dining environment is audited alongside each menu audit cycle. In addition, Arvidas' employed National Dietitian will review the dining room environment in relation to up to date research as well as resident requests, needs and personal/cultural preference. The audit encompasses meal presentation, menu visibility, appropriately designed dining room and menu, appropriate equipment for residents and ensuring appropriate resident led decisions in making the dining room their home. Menu will change bi-annually and is audited by Arvida national Dietitian on each occasion using the Dietitians NZ audit tool, customised by a National Dietitian to each Arvida site.</p>
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		Rhodes on Cashmere has an existing food control plan in place for the serviced apartments. On the day of the audit, a food control plan for the care centre has been registered with MPI.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA low	<p>Rhodes on Cashmere has an existing serviced apartment facility. The care centre has been built adjacent to the serviced apartment facility.</p> <p>The care centre is built across three floors level 1 (ground level) with a large communal lounge/ dining area with kitchen area/ servery, smaller whanau room, medication room, sluice, nurse's station and 14 resident rooms (two corridors of seven rooms each). Level 2 is a mirror image of level 1; however, the staff room and clinical manager office is situated on level 2. Level 3 has seven resident rooms, and a communal lounge/ dining area. There are two lifts (one large lift and one smaller lift) on either side of the communal areas so residents and visitors can access all floors. There is also stair access. The facility has been designed in a household configuration in accordance with the 'living well' model of care.</p> <p>Lounge areas have a large fireplace, carpet has been fitted (presently covered) and decorating is complete on all floors. The communal areas on level 1 and 2 have large ranch slider doors installed. There is yet to be a balustrade fitted on level 2, so the doors can be opened, without access to outside. Furniture has been purchased for the lounge and dining areas. The kitchenette areas on each floor have adequate bench space, fridge, microwave,</p>

		<p>oven, and dishwasher. Heat-pumps are fitted in all communal areas. There is a tap which provides boiling water fitted in the kitchen areas. The lounge area on level 1 opens out to a large-decked area, landscaping has been marked out, however, planting, pathways, seating, and shade are yet to be completed. Residents and families will also have access to existing facilities which include the café, whanau room, library, and the recreation room.</p> <p>All resident rooms have tracks for ceiling hoists fitted and all rooms have sensor lights fitted. All resident rooms are furnished with a bed, adequate wardrobe space, bedside table tallboys and a chair. 'Standard' resident rooms are spacious, all have kitchenette areas with a microwave, tea/ coffee area and a fridge, and large windows. The suites have a lounge dining area with a separate bedroom area, larger kitchen area with more facilities including a large fridge, cooking facilities and a dishwasher. All resident rooms and suites have generous ensuite facilities which provide adequate space for hospital equipment. All ensuites are tiled wet areas with privacy curtains, call bells and handwashing facilities with flowing soap. Paper towel dispensers have been built into the cabinetry. Bathroom cabinets include a locked drawer for medications which is moisture proof. There are visitors/ disabled toilets situated close to communal areas.</p> <p>All resident rooms have large windows or ranch slider doors. Glass balustrades have been fitted to the upper floor rooms with ranch slider doors for safety. These are yet to be fitted on the second floor. Some rooms on the upper floors (depending on location in the facility) have</p>
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		<p>views across Christchurch city. Corridors are wide and provide access to all communal areas for residents using mobility equipment.</p> <p>All equipment has been purchased new, which includes (but is not limited to); king single hi/low beds, lazy-boy chairs for each resident room, medical equipment including blood pressure machines, oxygen concentrator etc, pressure injury prevention equipment, shower chairs, commodes and continence equipment, wheelchairs, falls protection equipment including sensor mats, weigh scales and a range of mobility equipment.</p> <p>The facility has yet to obtain a Certificate of Public use.</p> <p>Arvida has developed preventative maintenance schedules which will be implemented at Rhodes on Cashmere, there is currently a part time maintenance person, and the service are in the process of recruiting (link 2.3.1). Hot water systems have been fitted, however; temperatures have not yet been checked.</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori was not required. Rhodes has now partnered with Nga Tahu, Ngai Tua Huriri and are meeting to explore career opportunities, and to seek regular input and support in weaving Te Reo, Te Tiriti and Tikangi into the service. The service also plans to have the building blessed prior to opening.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The draft fire evacuation plan is currently with the fire service. Arvida have a suite of policies and procedures in relation to emergency preparedness. Fire exits and signage has been installed throughout the facility. Emergency equipment including an advanced resuscitation bag, and evacuation chairs have been purchased. Fire safety training, specialised fire warden training for senior staff and first aid training are planned to occur during the induction weeks prior to opening (link 2.4.4). Arvida education schedules include these topics as ongoing education annually.</p> <p>There are adequate emergency water supplies with a large emergency water tank situated at the rear of the facility, there are several hot water tanks in the ceiling of the facility. The kitchen will store adequate food supplies to last for three days. Emergency lighting lasts for four hours, there is a registered nurse on emergency 24/7 on call. Communication – Medimap electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. There is no onsite backup generator; however, any prolonged power outage would trigger the requirement to hire a back-up plug-in generator for the site.</p> <p>Selected beds have safe sense systems in place to provide an early warning system for residents who are identified as potentially high falls risk. There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to cell phones, there are no indicator lights installed as a</p>
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		<p>privacy measure. Call bells are installed in resident ensuites, resident rooms and all communal areas.</p> <p>The site is gated, gates will be locked at agreed times – seasonally adjusted. Armor guard also provides security services including twice nightly site checks. There are security cameras located in corridors throughout the facility. Breaches of security are escalated to the RN on duty and the Village Manager. The main doors to the facility are locked at dusk and open at dawn, there is a system for visitors to call after hours to access the facility.</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.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme, known as the Infection Prevention Programme (IPP), is supported at the executive (governance) level within the Arvida Group. The IPP is reviewed on an annual basis, and the updated draft forwarded to all Villages/Care Communities for consultation and comment, before being finalised. The Wellness & Care Systems Manager collates data monthly on incidents and rates of healthcare associated infections (HAI) which is first presented to and discussed by the Wellness & Care Team. Data is benchmarked monthly and emailed to Villages, to support their quality programme. Representatives can input into the Infection Control Steering Group. Data is regularly presented to the Executive Team and the Directors, identifying any trends and actions.</p> <p>The Infection Control Steering Group, which is comprised of representatives from several Care Communities, who meet monthly, are available to support all villages in infection prevention and provide expert advice as and</p>

		<p>when needed. In addition, the DHB IPC specialist teams provide local /regional support and advice as and when needed. The IPC programme policy 2022 identifies scenarios when expert advice may be required and who to contact including a consultant virologist.</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>	<p>FA</p>	<p>The clinical manager at Rhodes on Cashmere will commence in the role as IPC coordinator. There is a job description available. The clinical manager has completed external training around infection control. It is anticipated that this role will be delegated to one of the Clinical Coordinator RN roles once the Care Centre is fully staffed.</p> <p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies reflect the spirit of Te Tiriti.</p> <p>The Infection Control Steering Group, which is comprised of representatives from several Care Communities, who meet monthly, are available to support all villages in infection prevention and provide expert advice as and when needed. The group has approved the overall Infection Prevention programme.</p> <p>Pandemic Plan in place at both an organisational and local level. Support and physical and learning resources are made available by the Arvida Support Office as and when required. The plan includes (but is not limited to); Virology consultant advice, Pandemic response team,</p>

		<p>Daily/weekly updates and Team's meetings and procurement support as required.</p> <p>Training as part of induction and ongoing is led by the IPC coordinator and includes Altura on-line training and additional IPC support from DHB specialist IPC team as required. Training is planned for the induction weeks prior to opening.</p> <p>PPE is ordered through the MOH portal and support from Arvida Group support office and a comprehensive stock balance is maintained to support any outbreak. Adequate PPE stocks were available for opening. The IC steering group has had input into the design and location of hand basins/ hygiene stations etc.</p> <p>Policies include Single use items, Healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around sharing medical devices such as stethoscopes.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size,</p>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. The AMS programme is documented in section 12 of the IC programme. Monthly quality data related to infections including the quantity and duration of antimicrobial use associated with individual residents will be collected and this was described. The clinical manager interviewed stated RNs will follow the policy definition of Healthcare Associated Infections for surveillance to determine whether a resident does meet criteria for an infection before liaising with their GP. There is a contract with a local GP who will work in partnership with the staff around the AMS programme.</p>

and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Ecase monitoring and benchmarking systems are in place to capture this information. Infection monitoring will be the responsibility of the infection control coordinator. All infections are to be entered into the electronic database, which generates a monthly analysis of the data. The CM described processes that will be implemented including end of month analysis that will include trends identified and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data will be captured. Benchmarking occurs across Arvida and between other groups. Outcomes are to be discussed at the infection control team meeting, clinical, quality, staff, and management meetings when commenced.</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.</p> <p>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 antimicrobial resistant organisms.</p>	PA Low	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>The ground floor has a resident laundry with a washing machine, dryer, iron and ironing board to facilitate resident's undertaking their own personal laundry (if they wish). This is fitted with sensor lights which turn on when entering the room. Adequate lighting is provided, and there is adequate space for small amounts of washing. The main laundry has yet to be fitted and will include two commercial washing machines and one commercial dryer. A contracted company has been sourced who will be providing chemicals. Linen trolleys have been purchased. There are adequate centrally located linen cupboards on each floor.</p>

		<p>Lockable cleaning trolleys have been purchased, and the cleaning cupboards designed to store cleaning equipment and trolleys when not in use are yet to be completed, swipe access still needs to be activated.</p> <p>There are sluice rooms on each floor which are yet to be fully fitted and furnished. Each sluice room will have separate handwashing facilities and a sanitiser, and adequate bench space with a large basin.</p> <p>All household staff and care staff will attend chemical training as part of their orientation (link 2.4.4).</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a 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 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Induction weeks have been planned. This will include Altura training courses and competencies. All staff will complete a fire drill, and specific equipment training during these weeks. Competencies that are required to be completed by staff at induction include medication, insulin, safe moving and handling, infection prevention and control, hand hygiene, and restraint.</p>	<p>Induction weeks scheduled are yet to occur and all staff will complete required inductions packages, competencies and orientation to new equipment</p>	<p>Ensure all inductions and competencies are completed</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>The medication room are yet to be fully furnished. Medication rooms on level 1 and 2 have been painted, handwashing facilities are available, and there is adequate bench space and storage cupboards. However, the medication fridges are yet to be installed, flooring has</p>	<p>(i). The medication fridge is yet to be installed.</p> <p>(ii). The medication room is not yet secure.</p> <p>(iii). Flooring is yet to be laid</p>	<p>(i). – (iii). Ensure the medication fridge is installed, swipe access to secure the room is activated and appropriate flooring is laid</p>

		yet to be laid and the room is not yet secure.		Prior to occupancy days
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>There is a policy around administration and management of medications that includes an expectation that staff who administer medication have an annual competency and relevant training. Training is planned for staff to complete medication competencies on orientation to the service.</p>	<p>Staff who will be administering medications have not yet completed medication competencies</p>	<p>Ensure all staff administering medications have competencies completed</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>All equipment has been purchased new. The resident areas are fully decorated, and carpets have been installed. All toilet and ensuite facilities are completed. Service areas including the kitchen, sluices, laundry, and cleaning cupboards are yet to be fully fitted and functional. Office spaces and the staff room are completed, but not yet fully fitted or functional with IT equipment. The service is yet to be issued with a CPU, and hot water temperatures have not yet been tested.</p>	<p>(i). A CPU is yet to be obtained.</p> <p>(ii). Hot water temperatures are yet to be checked.</p> <p>(iii). Office areas and the staff room are yet to be furnished and functional.</p> <p>(iv). The kitchen is yet to be fully furnished.</p>	<p>(i). Ensure the CPU is obtained prior to opening.</p> <p>(ii). Ensure hot water temperatures are checked and within recommended ranges.</p> <p>(iii). Ensure office areas and the staff room are fully fitted, furnished and functional</p> <p>(iv). Ensure the kitchen is fully furnished and operational.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p>	PA Low	<p>There are decked areas out from the dining/ lounge areas on the ground floor.</p>	<p>Landscaping has not yet been completed, outdoor resident's</p>	<p>(i).Ensure landscaping is completed. (ii).</p>

<p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>		<p>Landscaping has started with walkways marked out, however this is not yet completed with planting, seating and shade. Ranch slider doors have been installed in the communal areas on the second floor, glass balustrades have yet to be fitted for safety.</p>	<p>areas in the care centre are not yet safe for residents to access. Ranch slider doors have been installed in the communal areas on the second floor, glass balustrades have yet to be fitted for safety.</p>	<p>Ensure glass balustrades are fitted off ranch sliders in communal areas.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>The draft fire evacuation plan is currently with the fire service. Fire exits and signage has been installed throughout the facility. Emergency equipment including an advanced resuscitation bag, and evacuation chairs have been purchased.</p>	<p>The draft fire evacuation plan is currently with the fire service</p>	<p>Ensure the fire evacuation plan is approved</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.1 Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>Sluice rooms are located on each floor. Each will be fitted with a sanitiser, large sink and adequate storage and bench space, however, the sluice rooms are not yet fully furnished and functional with all equipment installed.</p>	<p>The sluice rooms are not yet functional with the sanitiser, sink, shelving and bench space fitted</p>	<p>Ensure the sluice rooms are fully fitted and functional</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p>	<p>PA Low</p>	<p>There is a dedicated cleaning cupboard situated on level 1 where cleaning trolleys will be stored when not in use. This is yet to be fitted with cabinetry and shelving. Swipe access is yet to be activated. Lockable cleaning trolleys have been purchased.</p>	<p>i). The cleaning cupboard is yet to be completed with cabinetry and shelving. ii). Swipe access is yet to be activated</p>	<p>). & ii). Ensure the cleaning cupboard is fully fitted and functional and swipe access is activated</p> <p>Prior to occupancy</p>

<p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>				<p>days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There is a large facility laundry located on the ground (level 1) floor. This has yet to be fully completed, washing machines and a dryer has been purchased, but not yet installed and the service is in the process of recruiting laundry staff.</p>	<p>The resident laundry on the ground floor is yet to be functional, and the main laundry on the ground floor is yet to be fitted, and fully functional</p>	<p>Ensure the laundry areas are fully fitted and functional</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display

End of the report.