

# Aria Park Senior Living Limited - Aria Park Retirement Village

## Introduction

This report records the results of a Partial Provisional Audit; 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 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:

<b>Legal entity:</b>	Aria Park Senior Living Limited
<b>Premises audited:</b>	Aria Park Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 August 2022   End date: 5 August 2022
<b>Proposed changes to current services (if any):</b>	The provider had requested a reconfiguration of 10 studio units and 36 one-bedroom apartments as dual-purpose rooms (originally rest home only). The service will have only up to 10 hospital residents at any one time across the serviced apartments. The total dual-purpose rooms will increase from 83 to 129. Overall bed numbers remain the same.

**Total beds occupied across all premises included in the audit on the first day of the audit: 73**

# 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 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.

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

### Key to the indicators

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

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

## General overview of the audit

Arvida Aria Park provides hospital (geriatric and medical) and rest home care for up to 130 residents. There were 73 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

A concurrent partial provisional audit was also completed to verify the preparedness of the service to provide hospital (medical and geriatric) level care in 46 serviced apartments already certified to provide rest home level of care. The service will only have up to 10 hospital residents in the apartments at any given time.

The audit identified the serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing dual-purpose level care in the serviced apartments. Arvida Group is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of hospital residents in the serviced apartments.

The service continues to make environmental improvements to include refurbishment of rooms.

The village manager (non-clinical) is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the

services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified that the service meets the intent of the standards. The service was awarded a continuous improvement rating related to the implementation of the quality and risk programme and infection control education.

## Ō tatou 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.		Standards applicable to this service fully attained.
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Arvida Aria Park provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Arvida Aria Park provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Standards applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The clinical manager supported by the village manager oversees the day-to-day operations of the service.

The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Aria Park is implementing the quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Aria Park collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction 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. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families 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 8 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.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner or nurse practitioner and visiting allied health professionals.

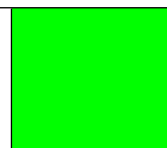
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior wellness partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were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

The wellness activities champions provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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. The service has a current food control plan.

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

Includes 2 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.



Standards applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. There is a mixture of ensuite and shared bathroom and toilet facilities. Resident rooms are personalised. Documented systems are in place for essential, 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.

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

Includes 5 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.

Standards applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.



## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were residents that were using restraints. The appropriate documentation and consent have been completed where required. Restraint is only used as a last resort when all other options have been explored. Restraint is only used to maintain resident safety and only as a last resort. Effectiveness of restraints, staff compliance, safety, and cultural considerations are considered and documented where required.

Staff receive education in restraint minimisation and challenging behaviour. Restraints are discussed at staff meetings.

## 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	29	0	0	0	0	0
Criteria	2	172	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Arvida Aria Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence of this is documented in the resident care plan.</p> <p>The village manager stated that he supports increasing Māori capacity within the workforce and will be interviewing prospective Māori staff members when they apply for employment opportunities at Aria Park. At the time of the audit there were already Māori staff employed. Aria Park evidence commitment to improve labour market outcomes for Māori in their business plan. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village manager described an established relationship with the Māori community and can provide information on kaupapa Māori services that include clinics, traditional</p>

		<p>practices and health hui or a Whanau Ora service.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eighteen wellness staff interviewed (one registered nurse [RN], two clinical coordinators [CC], nine wellness partners, five wellness and activity champions and one wellness leader [DT]) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 will form the basis of the currently reviewed Pacific Health plan which is still in development stage. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are residents in care that identify as Pasifika. Resident's 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 clinical manager (CM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida Aria Park partners with Pasifika organisations, collaborate with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pasifika services information is available through He Hara Whakamua booklet. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service is actively recruiting new staff. There are staff that identify as Pasifika. The village manager described how Aria Park increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with twenty-three staff (eighteen wellness staff, one kitchen manager, one household supervisor, cleaner, one laundry supervisor, one maintenance person) and three managers (national quality</p>

		manager (NQM), village manager (VM), clinical manager (CM) ) and documentation reviewed identified that the service provides a 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 coordinators supported by the clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly household meetings. Seven residents (three hospital and four rest home) and two family/whānau (one hospital and one rest home) 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. There are links to spiritual support and links are documented in the My Rights During Service Delivery policy. The service strengthens the capacity for self-determination, and this is reflected in the Māori health plan. Church services are held virtually weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) 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</p>	FA	<p>Wellness partners and RNs 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</p>

<p>respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>in their care or other forms of support.</p> <p>Residents have control and choice over activities they participate in.</p> <p>The Aria Park annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys were completed in December 2021, survey results confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</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 no married couples at the time of the audit and no shared rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's 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 staff are encouraged and supported with correct pronunciation. A Tikanga Māori flip chart is available for staff to use and te reo resource and a dictionary is available for use.</p>
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		Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori and cultural competency.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse, neglect and discrimination policy is being implemented. Arvida Aria Park policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct document. This 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 on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori.</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</p>	FA	<p>Information is provided to residents/family/whānau on admission. Monthly household meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints,</p>

<p>wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents identified who did not speak English. Support strategies and interpretation services are documented to assist with communication needs when required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family 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's such as the hospice and Te Whatu Ora New Zealand specialist services (eg, physiotherapist, district nurse, speech language therapist, geriatrician, pharmacist, and dietitian). The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and regular newsletters and resident meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Nine electronic resident files were reviewed and written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with wellness 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 enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable. Where EPOA had been activated a medical certificate for incapacity was on file.</p> <p>An advance directive policy 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 GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the wellness partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs in October 2021.</p> <p>The service follows relevant best practice tikanga guidelines by considering the residents cultural identity when planning care.</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</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.</p>

<p>I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>This register is in hard copy and electronically on the electronic resident management system. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were six complaints logged from 2021 and two in 2022 year to date with low-risk ratings. There were no complaints from external agencies.</p> <p>Complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident (household) meetings are held monthly where concerns can be raised. Family/whānau confirm during interview the care coordinators, clinical manager and village manager is available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and clinical manager acknowledged their understanding that for Māori there is a preference for face-to-face communication.</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>FA</p>	<p>Arvida Aria Park is a retirement village complex in Auckland. The service has 84 beds across the care centre (83 dual-purpose beds and 1 rest home only bed). There are also 46 serviced apartments suitable for rest home level care (36 in the serviced apartment complex and 10 studio apartments in the care centre).</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>At the time of the audit there were 73 residents, including 4 residents at rest home level of care in the serviced apartments/studios.</p> <p>There were 35 residents at rest home level, including a resident on respite, one on a long-term support chronic health contract (LTS-CHC) and one on a young person with disability (YPD) contract and four residents in the serviced apartments.</p> <p>There were 38 residents at hospital level of care including three on YPD and two on LTS-CHC.</p> <p>Residents not under a specific contract identified, are under the age-related residential care (ARRC) contract.</p> <p>Arvida group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The 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. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice.</p> <p>Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida's Group Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (COO) and chief operational officer (COO) had all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers including a wellness and care team, general manager</p>
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		<p>village services, head of information and technology, support, head of people and culture, head of employment relations and accounts personnel.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>The Executive team, village manager and clinical manager have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of Ngā Paerewa. A separate Māori advisory group is developed to improve the outcomes that achieve equity for Māori. Arvida Group contracted a Māori consultant to support policy review, te reo, Te Tiriti and Tikanga Māori training.</p> <p>Arvida Group have a quality assurance and risk management programme and an operational business plan. The 2022 Business Quality and Risk Covid-19 Response Plan is specific to Arvida Aria Park and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around refurbishment and environmental improvements.</p> <p>The village manager oversees the implementation of the quality plan. The clinical manager and clinical coordinators provide regular reporting to the village manager that include clinical quality and</p>
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		<p>compliance and risk reports. These outcomes and corrective actions are discussed at several meetings. High risk areas are escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Arvida Aria Park is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The village manager (non- clinical) has been in the role for almost seven years, has 28 years' experience in health and disability services and are involved in various regional Aged Residential Care (ARC) steering committees. The clinical manager has been in the role for 18 months, has a master's in nursing and post graduate certificate in leadership. The management team are supported on site by two clinical coordinators, experienced wellness staff and household staff.</p> <p>The clinical manager and village manager have maintained the required eight hours of professional development activities related to managing an aged care facility. The clinical manager and village manager attend Arvida managers forums and completed professional development and cultural competency.</p> <p><b>Partial provisional audit:</b></p> <p>Aria Park has 46 serviced apartments (36 one-bedroom apartments and 10 studios). These have been certified previously (in 2009) to provide rest home level of care. Rest home care have been delivered successfully into these apartments for the past 13 years. All are occupation right agreements (ORA).</p>
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		<p>The service plans to transition all serviced apartments to dual purpose apartments from 1 January 2023. The total number of beds will remain the same; however, the dual-purpose beds numbers will increase from 83 to 129. There is a transition plan around the increase in hospital beds including (but not limited to) staffing requirements, equipment requirements and managing the building footprint. As such, the service will only have to 10 hospital residents at any given time across the apartments.</p> <p>Arvida Group is an experienced aged care provider with an embedded quality and risk management system. The village manager and clinical manager will continue to oversee the operational and clinical functions of the entire village. The national quality manager, village manager and clinical manager were interviewed and stated the governance and clinical governance structure will remain unchanged.</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>	FA	<p>Arvida Aria Park 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.</p> <p>Monthly village quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) 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 with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The service has been awarded a continuous improvement rating for the implementation of the quality and risk programme.</p> <p>Staff completed cultural competency and training to ensure a high-</p>

		<p>quality service and cultural safe service is provided for Māori.</p> <p>The resident and resident/family satisfaction surveys has been completed in December 2021 with overall satisfaction. Corrective action plans have been implemented to improve grounds and maintenance. All areas of care evidence high levels of satisfaction.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Arvida 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 meet the 2021 standards. A Māori advisor supports review of policies to provide a critical analysis to practice improving health equity. A Māori resident had input into the restraint minimisation policy at Arvida Aria Park. New policies or changes to a policy are communicated to staff.</p> <p>A health and safety system is in place. A health and safety team meets monthly. The village manager is the health and safety representatives with support from each member of a department. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported at a national level and a consolidated report and analysis of all facilities are then provided to the Governance body.</p> <p>There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations 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 in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents</p>
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		<p>identified at risk of falls. A physiotherapist is contracted for up to sixteen hours per week and when required. Strategies implemented to reduce the frequency of falls include intentional rounding/checks and the regular toileting of residents who require assistance. Mobility is assessed and evaluated by the physiotherapist at admission and part of post fall assessment. Wellness and activity champions implement exercises as part of the physical activity programmes. Registered nurses collaborate with wellness partners to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, resolved pressure injury, skin tears). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and aged care provider groups.</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager in consultation with the allied staff, RNs, and wellness partners. The system escalates alerts to senior team members depending on the risk level. A notification and escalation matrix are available to staff.</p> <p>Discussions with the village manager, clinical manager and the national quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 16 section 31 notifications completed to notify HealthCERT in 2021, including 11 related to RN sickness/unavailability and 3 pressure injuries (May 2021). There has been one respiratory outbreak in August 2021 and two Covid-19 outbreaks in March/ April</p>
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		and July 2022.
<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>	FA	<p>There is staffing rationale policy that describes rostering requirements and staffing ratios in an event of acuity change and outbreak management. The village manager interviewed confirm staff needs and weekly hours are discussed with the specific village manager support person that is part of the executive team. The service is actively recruiting for 3.5 FTE registered nurses, 8.5 FTE wellness partners and 2 FTE kitchen hands. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>The village manager confirmed the service uses agency staff when available, however own staff cover the available shifts to provide sufficient cover.</p> <p>All registered nurses and all wellness partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7. There is an orientation check list and pack for agency staff. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The village manager and clinical manager works Monday to Friday. The village manager is on call for non-clinical matters. The clinical manager is on call and escalates to the GP/Rapid response team or crisis response team at Te Whatu Ora – New Zealand, that provides clinical support.</p> <p>Care centre</p> <p>Rest home (Piha and Muriwai – 30 beds)</p> <p>AM: One RN Monday to Friday 6.45pm-3.15pm and PM: Clinical coordinator Sunday to Thursday 12midday-8.30pm</p> <p>Activities coordinator 9am-5pm Monday to Friday:</p>

		<p>Senior wellness partner (medication competent) 6.45am-3.15pm</p> <p>Two wellness partners 7am-3pm and 7am-1.30pm</p> <p>PM: Senior wellness partner 2.45pm-11.15pm</p> <p>Two wellness partners 3pm-11pm and 3-9.30pm</p> <p>Hospital 1 (Waimea and Orewa 30 beds)</p> <p>Clinical manager is in this area and works Monday to Friday 8am-4.30pm</p> <p>Clinical coordinator Tuesday to Saturday 8am-4.30pm</p> <p>AM: RN Sunday to Thursday 6.45am-3.15pm second RN on Tuesdays 6.45am-3.15pm</p> <p>Senior wellness partner (medication competent) works 6.45 am-3.15pm</p> <p>Six wellness partners are rostered: 2x 7am-3pm, 2x 7am-2pm; 1x 7am-1.30pm and 1x 7am-4pm</p> <p>PM: RN 2.45pm-11.15pm</p> <p>Five wellness partners work (3pm-11pm; 3pm-10.30pm; 5pm-9pm and 3pm-9.30pm; 9.30am-6pm) and another 7am-3pm on Thursday and Fridays</p> <p>Hospital 2 (Pakiri and Takapuna 24 beds)</p> <p>AM: RN 8.30am-5pm (floating in facility) and PM: one RN 2.45pm-</p>
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		<p>11.15pm</p> <p>Senior wellness partner works 6.45am-3.15pm</p> <p>Four wellness partners; 2x 7am-3pm, 1x 7am-2pm and 1x 8am-4pm)</p> <p>PM: Four wellness partners (3pm-11pm; 5pm-11pm; 3pm-9.30pm and 4.30pm-10.30pm) the 5pm-11pm works across the households as needed</p> <p>Apartments (46 including 10 studios)- 4 rest home residents</p> <p>AM: two wellness partners -8am-5pm and 7am-1.30pm</p> <p>PM: one wellness partner-4pm-8.30pm</p> <p>Activities: 8am-4pm (Monday, Thursday, Friday) and 1.30pm-3pm on Tuesday</p> <p>NIGHT: RN 11.45pm-7.15am and four wellness partners:</p> <p>Wellness partner for Orewa and Waimea 11pm-7am</p> <p>Wellness partner for Piha and Muriwai 11pm-7am</p> <p>Wellness partner for Pakiri and Takapuna 11pm-7am</p> <p>Wellness partner (works across the households as needed) and serviced apartments 11pm-7am</p> <p>There is an annual education and training schedule being implemented and on track for 2022 and implemented for 2021. The education and training schedule lists compulsory training which</p>
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		<p>includes cultural awareness training. Staff last attended cultural awareness training at their orientation in July 2022. External training opportunities for care staff include training through the Te Whatu Ora New Zealand and hospice. Infection control education include a range of visual learning resources created by the staff (Link CI 5.2.6).</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and training resources are available on the Arvida Group intranet. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>Forty-two wellness partners are employed. Arvida Aria Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Thirty-six wellness partners achieved either a level three or level four NZQA qualification. Another four are supported to achieve a next level qualification.</p> <p>An education (Care and Support workers) policy is being implemented. All staff are required to complete competency assessments as part of their orientation. These competencies include restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, bladder irrigation, male catheterisation, wound management, and nebuliser. Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Six of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training and completed critical thinking, infection prevention and control including Covid- preparedness, identifying and assessing the unwell resident, dementia, delirium, and depression. All RNs attend relevant quality, staff, RN, health and safety and infection control meetings when possible.</p> <p>All wellness partners are required to complete annual competencies</p>
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		<p>for restraint, moving and handling, personal protective equipment (PPE), medication, insulin administration and cultural competencies. A selection of wellness partners completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register.</p> <p>A management of agency staff policy is documented for the organisation. If agency staff are used, the orientation included health and safety and emergency procedures (clinical and non-clinical).</p> <p>The service encourages all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Residents' meetings (household) are held monthly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills, personal protective equipment (PPE) training and hazard reporting. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Staff wellness is supported by Wellness New Zealand.</p> <p><b>Partial provisional audit:</b></p> <p>There is a staffing transition plan for managing one – ten hospital assessed residents, the plan is to manage this in a staged approach. There are currently 42 wellness staff employed including sufficient staff to cover the roster for the initial phase and for up to three residents at hospital level of care in the apartments. None of the residents in the serviced apartments/studios that are assessed at rest home level of care require hospital level of care immediately.</p> <p>Arvida Aria Park has developed a draft roster as resident numbers</p>
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		<p>increase across the service apartments. The draft roster also considers the assessed level of residents and has flexibility for the acuity of residents. The draft roster for the serviced apartment includes a registered nurse rostered across 24/7 Mon- Sun (initially shared with the care centre and then propose to increase RN hours after the third hospital level resident in this area). Senior wellness partners are rostered to assist with medication management (in the morning, afternoon, and night) and across the apartments 24/7. The transition plan considers the footprint of the building and staffing will be rostered accordingly. Residents that are acutely unwell will be transferred to the care centre for closer supervision. A wellness activities champions in the draft roster documented for Monday to Sunday 8am-4pm.</p> <p>Staff rostered initially in the serviced apartments all currently work at Aria Park and are experienced with hospital level care.</p> <p>The current annual education planner and online learning platform topic is sufficient to meet the training needs of the care staff overseeing the care for hospital level care residents. Staff are supported with online training resources.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Nine staff files reviewed (four wellness partners, three RNs including the clinical manager, one wellness leader, one laundry assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes 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 (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal</p>

		<p>completed, a three-month appraisal, and development meeting occur three months after commencement of employment.</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. A comprehensive induction which includes training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and wellness partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place.</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>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.</p> <p><b>Partial provisional audit:</b></p> <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 online training package and resources.</p> <p>The service has a contract with a local GP/NP service. The GP/NP visits twice a week and this will increase as required, as resident numbers increase.</p> <p>Recruitment is ongoing to replace vacant shifts. There are eight RNs employed to date and a further two more have signed employment</p>
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		contracts. All are interRAI and first aid trained. Arvida Aria Park employs two qualified DTs as part of the wellness team. There are sufficient staff employed for the introduction of hospital residents.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed up using cloud-based technology and password protected. There is a documented 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. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures 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 is available to answer any questions regarding the admission process. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and</p>



		links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents which is entered into the electronic resident file. The service has a process (eCase) to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has a Māori consultant available. The service has advised that they are currently working on increasing links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.
<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>	FA	<p>Nine resident files were reviewed, four rest home (including one respite and one resident in a studio apartment), five hospital (including one young person with a disability (YPD), and one long-term support chronic health contract (LTS-CHC). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. All eight long-term resident files reviewed had up-to-date interRAI assessments and care plans had been evaluated within the required six-month timeframe. Care plans had been updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the person (family also have input). Their specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. The resident on respite had a care plan in place.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of living well. Challenging behaviour is assessed when this occurs. There is specific cultural assessment.</p> <p>All residents had been assessed by the nurse practitioner (NP) within</p>

		<p>five working days of admission and the NP reviews each resident three-monthly. The NP visits twice weekly for a minimum of four hours each visit. The NP is on call after hours and the practice covers if they are not available. The village manager is also available for after-hours calls and advice. When interviewed, the NP expressed satisfaction with the care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for sixteen hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by wellness partners and RNs. All have their own iPads. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. The service supports and advocates for residents with disabilities to access relevant disability services. When a resident's condition alters an RN initiates a review with the NP. Family was notified of all changes to health including infections, accident/incidents, NP visit, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There are currently six residents with wounds (skin tears, abrasions, and skin lesions). There are currently no residents with pressure injuries.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been</p>
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		<p>completed for unwitnessed falls and suspected head injuries.</p> <p>Any issues such as infections, weight loss, and wounds are added to the care plan. The service does not use short-term care plans. There are currently residents who identify as Māori and have a Māori health care plan, which the residents had reviewed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>	FA	<p>There is a team of four wellness activities champions led by a wellness activities leader. The leader and one wellness activities champion are qualified diversional therapists. Wellness partners also assist with activities as required. All have first aid certificates. The overall programme has integrated activities that are appropriate for all residents.</p> <p>The activities programme is supported by the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The activities are displayed in large print on all noticeboards and residents have copies in their rooms. They include exercises, Tai Chi, reading news, quizzes, board games, bingo, happy hour and arts and crafts. On the day of audit, residents were participating in exercises and quizzes, enjoying happy hour, and listening to an entertainer. The programmes allow for flexibility and resident choice of activity. One-on-one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources. The facility subscribes to both Netflix and the Disney channel.</p> <p>There are cultural events celebrated and include Indian Holi, Mexican day, Pasifika day, Korean day, Japanese day, Philippine day, and Samoan Independence Day.</p> <p>There are two cats, two birds and a fish tank. Pet therapy has recommenced, and families bring in pet dogs. There are regular van outings. Online church services are held weekly, and residents hold a Bible study group. A Catholic priest comes in to give communion. Prior to Covid there were also visiting school and cultural groups but</p>

		<p>as yet, these have not recommenced. Residents are encouraged to maintain links to the community. Some residents go out to the RSA and Communicare. Some like to go out for shopping and coffee.</p> <p>The service ensures that their staff support Māori residents in meeting their health needs and aspirations in the community. Staff made a sitting exercise video in te reo.</p> <p>One of the YPD residents is funded by ACC for weekly physiotherapy, massage, and music therapy. One is very keen on art and is assisted to buy the art equipment needed. One likes to go out shopping weekly and one is a keen reader and is assisted to obtain all the books needed.</p> <p>There are seating areas where quieter activities can occur. There is a hairdressing salon.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through monthly resident meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</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>	FA	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent wellness partners administer medications. They all complete annual medication competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-medicating on the days of audit. There are no standing orders. There are no vaccines stored on site.</p>

		<p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The NP had reviewed the medication charts three-monthly. Discussion and consultation with residents take place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over-the-counter medications in use. The service incorporates appropriate support advice and treatment for their Māori residents.</p> <p><b>Partial provisional audit:</b></p> <p>The serviced apartments share the care centre treatment room, and this will work with up to 10 hospital residents. The care centre secure medication room holds the serviced apartments medication trolley which is easily accessible via the airbridge. There is a contract in place with the pharmacy and medication is provided in robotics are checked on delivery against the electronic medication charts (Medimap). The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All resident routine medications will be stored in the locked medication room. It is proposed to include a treatment room (room 108) next to the fully functional nurses' station on the ground floors, as the resident numbers increase. There is a medical storeroom on each level which includes an emergency response bag, dressing trolley, oxygen supplies, dressing supplies and other consumables.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	FA	<p>A kitchen manager oversees food services. All meals and baking are prepared and cooked on site. There is a weekend cook and four rostered kitchen hands. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed</p>

<p>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>by a registered Arvida dietitian. 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. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the hospital kitchen by bain-marie. In the main dining room, the food is also served from a bain-marie. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There is a breakfast bar in the main dining room and residents may choose to serve themselves from this. There is a conservatory next door to the main dining room with a coffee machine and tea making facilities. There are also snacks available.</p> <p>The food control plan is verified until June 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. There are weekly cultural meals. On the day of audit, there was butter chicken with naan bread on offer. The kitchen manager stated that they could cater for most cultural preferences including a 'boil up.' Residents are offered choices at each meal. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss may be referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.</p>
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		<p><b>Partial provisional audit:</b></p> <p>Currently there are 40 meals prepared for the serviced apartments daily. The kitchen manager interviewed confirmed they can easily cater for an increase in special diets. There is a small dining room for the studio residents; however, currently all studio residents choose to enjoy their meals in the main dining room in the care centre, which is easily accessible by stairs and a lift. There is easy access to a spacious dining room for the apartments via lift access.</p> <p>There is another fully functional fitted kitchen in the serviced apartments adjacent to the dining room. This kitchen is only used to serve meals. Meals are transported in hotboxes and served directly from a bain-marie or tray service. Currently a lot of meals are served as 'room service' to apartments and the kitchen manager stated this can still be managed. Both dining rooms are fully furnished with sufficient crockery and special utensils available. Flooring is adequate and enough space to accommodate residents in wheelchairs and with other mobility aids.</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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the 'yellow envelope' system. The residents and their families were involved for all exits or discharges to and from the service. Staff are aware of the documentation required to be sent with a resident who is being transferred. All residents are supported to access other health and disability services, social support or kaupapa Māori agencies where appropriate.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	FA	<p>The care centre holds a current building warrant of fitness (BWOFF) which expires 21 December 2022, and the serviced apartments has a BWOFF that expires 1 March 2023. There is a maintenance person</p>

<p>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>who works 40 hours a week. There is a maintenance request book for repair and maintenance requests located at reception. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida support office but is adjusted to meet Aria Park's needs. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment were completed in April 2022. Checking and calibration of medical equipment, hoists and scales was completed in June 2022. There is a contracted gardener. Wellness partners interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All houses (except the upstairs studio apartments) have external courtyards with seating and shade. Some have raised gardens. There is safe access to all communal areas.</p> <p>All rooms are single. There are six rooms with ensuites. There are 52 rooms with shared toilet and shower facilities. The remaining 26 rooms use communal toilets and showers. All rooms have hand basins. The communal showers have privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Wellness partners and RNs interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>Each household has a large lounge area. The main dining room is</p>
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		<p>situated off the kitchen. There is a conservatory off this with seating and coffee and tea making facilities. There are snacks available as well. The household downstairs and the studio apartments upstairs have an open plan lounge, dining room and kitchenette. These also have coffee and tea making facilities and snacks are available. The studio apartments also have personal laundry facilities. There are small library areas. There is a hairdressing salon. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. There is gas heating. Temperature is controlled by maintenance.</p> <p>There is a lift, however, this is not large enough to accommodate beds/stretchers. The downstairs house has external access through their courtyard and the basement. There is an emergency evacuation chair for the upstairs studios and apartments.</p> <p>The facility has designated external smoking areas, but smoking is discouraged.</p> <p><b>Partial Provisional audit:</b></p> <p>The 10 studios sit above the care centre and easily accessible by lift and stairs. All rooms are single occupancy, carpeted, spacious with full ensuite. There is safe access to the outdoor areas with shade and seating via the stairs and lift. There is a small lounge (same floor) and large lounge downstairs where activities can be attended. There are visitor toilets situated near the lift.</p> <p>Corridors are wide with handrails for safe mobility. Doors are wide enough for mobility equipment and a wheelchair. There are lifts between the floors. The lift can take a Stryker chair for movement between floors. An evac chair is available on each level.</p> <p>The apartment building is four levels and connected with the care centre (level 3) via an airbridge with lift and stair access. There is a dining room on the ground floor with two lounges. There are communal (mobility) toilets and visitors' toilets situated near the lifts,</p>
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		<p>dining room and lounges.</p> <p>One big lounge opens to a deck and outdoor space with seating and shading. The small lounge and library are situated next to the main entrance to the apartments. There is direct view from the nurses' station to the small lounge for easy supervision. There is a nook at the lower level for staff, and on each level, there are areas for staff to handover or complete electronic documentation.</p> <p>All apartments can accommodate equipment and any aids for mobility or transfer. The ensuite bathrooms have handrails in the toilet and shower for safe mobility. The showers are spacious to accommodate transfer equipment and a shower chair. Floors are easy to clean.</p> <p>There is sufficient equipment available including hoists for transfer. Further standing and/or lifting hoists, specialised beds will be purchased as needed per floor, as required. There are storage areas on each level, which are adequate to provide storage for equipment such as hoists etc.</p> <p>There had been no additions or redevelopment completed at the time of the audit. The village manager stated the older building is due for a total refurbishment and the service will consider how designs and environments reflect the aspirations and identity of Māori, for the new building construction.</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 safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are in a large cupboard in the basement, and these are</p>

		<p>checked by an external contractor. There is emergency lighting but no generator on site. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, lifts, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and there is a security patrol nightly. There is security lighting installed outside. Currently, under Covid restrictions, visitors are asked to sign in, complete a rapid antigen test (RAT) and wear a mask at all times.</p> <p><b>Partial Provisional audit:</b></p> <p>Emergency management procedures guide staff to complete a safe and timely evacuation of the serviced apartments in the case of an emergency. Residents' evacuation lists are available to include mobility status. There are evacuation chairs available in the stair areas.</p> <p>Fire exits and signage are in place. No changes are required to the evacuation procedure. A fire drill has been completed in the apartment block. Arvida education schedules include these topics as ongoing education annually. There are adequate emergency water supplies. The kitchen stores adequate food supplies. Emergency lighting lasts for four hours. There is a registered nurse available 24/7. Medimap electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT back-up systems are in place.</p> <p>There is a nurse call system in place with pendants available for residents in apartments as required. Individual call bell panels can</p>
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		<p>accommodate a call bell with a cord. The call bell system is fully operational and link to the RNs and wellness partners phones. Call bells are installed in resident lounges, ensuites, bedrooms, lifts, and all communal areas.</p> <p>The site is gated, and gates are locked. 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>	FA	<p>A registered nurse (clinical coordinator) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control (IC) is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by personnel Arvida support office and then sent out to all facilities for review before being completed. There is an IC steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at board meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Arvida support office and Te Whatu Ora New Zealand.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza</p>

		vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.
<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 clinical manager supports the designated infection control (IC) coordinator. During Covid-19 lockdown there were regular virtual meetings with Arvida support office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed an online MOH infection training and online Altura education. There is good external support from the GP, laboratory, Arvida head office and the IC nurse specialist from the local hospital. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required. The service was awarded a continuous improvement rating related to infection control education.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. Single use devices are used according to manufacturer's instructions and disposed of accordingly. All shared equipment is appropriately disinfected between use. The service is working towards developing audit tools to safely assess and provide evidence that these procedures are carried out.</p> <p>The service is working to incorporate te reo information around infection control for Māori residents (video) and encourage culturally safe practices that acknowledge the spirit of Te Tiriti. The IC coordinator is involved in procurement processes in conjunction with the manager. Management have stated that IC personnel will be</p>

		<p>involved in the new build.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings as well as Arvida head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The pharmacy sends a report on all antibiotics used each month.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Arvida support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance</p>

<p>with an equity focus.</p>		<p>methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida support office and the local Te Whatu Ora New Zealand for any community concerns. There has been one respiratory outbreak in August 2021 and two Covid 19 outbreaks (one in March/April 2022 and one in July 2022). These were well documented and collation around ethnicity data occurred. The facility followed their pandemic plan. All houses (units) were kept separate (in a bubble), and staff were kept to that bubble. There were two separate mealtimes in the dining room. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted.</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 policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room on each level and there is a sanitiser in the downstairs sluice. Each sluice room has a sink. Goggles are available. There are dedicated cleaning staff. There is a locked cupboard on the cleaning trolleys to store the cleaning chemicals in use. Cleaners' trolleys are kept in a locked cupboard when not in use.</p> <p>All laundry is completed on site. There is a laundry supervisor who works full-time. There is a dirty area where laundry comes in and clean area where laundry goes out. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trolleys. There is a large linen store off the laundry and small linen cupboards in each area. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and</p>

		<p>served regularly.</p> <p><b>Partial provisional audit:</b></p> <p>The laundry is large and can accommodate an increase in laundry. The laundry currently accommodates the studio/apartments linen. There is a laundry area for the studios for personal clothing and laundry in the apartments. The main laundry has adequate lighting and there is adequate space. A contracted company provide and maintain the chemicals. Adequate number of linen trolleys are in use. There are centrally located linen cupboards and built-in linen cupboards in each apartment/studio.</p> <p>Lockable cleaning trolleys are in use. The cleaning cupboards are designed to store cleaning equipment and trolleys when not in use and are lockable with cabinetry and shelving. There is a sluice room centrally located via the airbridge (in the care centre). There are separate handwashing facilities and a sanitiser, and adequate bench space with a large basin. Monitoring processes and internal audits include cleaning and laundry processes in the apartments.</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>	FA	<p>There is a Restraint policy and Behaviours that Challenge policy. The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is a registered nurse (hospital) provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination across the organisation.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p>



		<p>The NP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, two YPD residents were using a restraint (bed rails and lap belt).</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings</p> <p>Training for all staff occurs at orientation and annually.</p> <p>The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint was being considered in the facility.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. A completed assessment templates were sighted for the residents using restraint evidencing assessment, monitoring, evaluation and including NP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP/NP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Emergency restraint has not been used.</p>

		<p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Arvida policy. A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. All restraints are reviewed and evaluated as per Arvida policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation, including the resident's care plan and risk assessments, future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule includes review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. Staff monitor restraint related adverse events while restraint is in use. There have been no adverse events in relation to the use of restraint.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff including RNs and wellness partners confirmed that the use of restraint is only used as a last resort.</p>

# Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	CI	Since the last audit there have been several quality initiatives that had been introduced, fostered, embedded, and continuously reviewed to deliver a person-centred care and evidence-based quality service. The embedded quality and risk management plan is the overarching driver for the positive person-centred outcomes at Arvida Aria Park.	<p>The quality circle involves all the staff who are encouraged and empowered to be involved through meetings, being members of committees or steering groups (both internally and nationally).</p> <p>There is a work culture of enthusiasm under the workforce at Arvida Aria Park and is evident with their creation and participation in a range of educational videos (instructional standing exercise, meditation, handwashing, and infection control), staff involved in resident and participation in a national ‘preventing falls’ study and a study in ‘holistic exercise program for early dementia patients’. There are several staff champions (restraint, infection control, manual handling, and wound management). Staff are skilled and supported with comprehensive education. Education has a three-pronged approach with an e-learning platform, face-to-face training and</p>

			<p>mentoring and coaching.</p> <p>There is a set of meetings, each touching on a service area and all information pulling through to the clinical governance meeting where information is confirmed, refined, and disseminated to each household area. Meetings are strengthened by monthly committee meetings and include infection control, wound management, and restraint. There are dedicated coordinators within the households that prepare reports, provide analysis and graphing (infection control coordinator, restraint coordinator and learning coordinator).</p> <p>Where clinical indicators indicated an area of concern, this is acted upon, and a corrective or quality initiative plan is completed and followed up.</p> <p>To close the circle, reports are emailed to staff members.</p> <p>Wellness partners work closely with RNs. They are allocated residents for whom they become key workers. Key workers closely monitor residents progress and highlight issues, to ensure the right person is alerted using the Arvida escalation matrix. When issues or risks are highlighted, a multidisciplinary approach is taken to ensure issues are addressed in a timely and appropriate manner.</p> <p>The resident survey results in 2022 showed an overall satisfaction rate: staff willingness to assist 97% (6.9 out of 7.0); communication 97% (6.8 out of 7.0); residents feel safe 100% (including Covid) (7.0 out of 7.0)., friendliness of staff 97% (6.7 out of 7.0); clinical needs are met 91% (6.7 out of 7.0).</p>
<p>Criterion 5.2.6</p> <p>Infection prevention</p>	CI	<p>The service has a comprehensive suite of infection control policies which includes education and a</p>	<p>The infection control team agreed that more innovative ways were required to enforce the</p>

<p>education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>		<p>pandemic plan. Infection control education commences at orientation and is then ongoing (online training by Altura). The infection control coordinator also looks at trends and initiates further education as required. With the event of Covid-19, the infection control coordinator was concerned that all the information might be overwhelming for staff and residents. A meeting was set up with the infection control team to discuss this and to brainstorm ideas.</p>	<p>importance of infection control in preventing the spread of Covid-19. The team discussed this and came up with the idea of making videos which they could play to both staff and residents.</p> <p>Management agreed. The video on handwashing, social distancing and sneezing and coughing etiquette was great fun to watch as they used their own staff as actors and performed a song and dance routine. More importantly the message was very clear, and staff stated that the guidelines and protocol made sense. Residents stated that they enjoyed watching them as they were informative but non-threatening. This was the same for the videos that followed. The feedback from all videos has been overwhelmingly positive. Arvida support office is considering using them in other facilities and Aria Park has been asked to present them at the New Zealand Aged Care conference.</p> <p>The survey conducted in December 2021 confirm an overwhelming positive response (&gt;95%) to the communication from management during Covid-19 and that they felt safe and secure.</p>
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End of the report.