

# Park Lane Retirement Village Limited - Park Lane lifecare

---

## Introduction

This report records the results of a Surveillance 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>	Park Lane Retirement Village Limited	
<b>Premises audited:</b>	Park Lane Lifecare	
<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: 17 January 2023	End date: 17 January 2023
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	44	

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Park Lane Retirement Village provides hospital and rest home level care for up to 87 residents, which include 45 apartments that are certified for rest home level care. On the day of audit there were 44 residents, including one resident in the serviced apartments. Park Lane Retirement Village is part of the Arvida Group.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora New Zealand Health New Zealand - Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and the general practitioner.

The service is managed by a suitably qualified village manager and clinical manager. There have been no significant changes to the facility or services since the last audit. Residents and family/whānau spoke positively about the care provided.

There are quality systems and processes implemented. There is a stable team of experienced clinical and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

This surveillance audit has met the intent of the sub-section of the relevant standard.

## 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.

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. The service partners with Pacific communities to encourage connectiveness.

## 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.

Subsections applicable to this service fully attained.

The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## 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.

Subsections applicable to this service fully attained.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The menu incorporates religious and cultural choices of residents.

Transfer, exit, and discharges occur in a coordinated manner in collaboration with the resident, family/whānau, and other service providers to ensure continuity of care.

## 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.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Equipment is maintained through testing, tagging and calibration. Security arrangements are in place. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
---	--	---

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Executive and Board level. There is an appropriate number of protective personal equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been five outbreaks recorded and reported on since the last audit.

## **Here taratahi | Restraint and seclusion**

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
---	--	---

The restraint coordinator is a registered nurse. At the time of the audit, there were no residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	21	0	0	0	0	0
Criteria	0	55	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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. At the time of the audit there were Māori staff. The village manager stated that they support increasing Māori capacity within the workforce and will employ more Māori applicants when they apply for employment opportunities at Arvida Park Lane.</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>	Not Applicable	<p>Arvida Park Lane partners with Pacific organisations and collaborates with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework which is still in development stage.</p>



<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager confirmed that Arvida Park Lane ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with twelve staff (including three registered nurses (RN), one enrolled nurse (EN), four wellness partners (caregivers), one wellness leader (activities coordinator), maintenance manager, kitchen manager and cleaner) confirmed their understanding of tikanga best practice with examples provided. Cultural awareness training has been provided (September 2022) and covered Te Tiriti o Waitangi, tikanga Māori and cultural competency. Cultural training is also included in the orientation programme for new staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Arvida Park Lane policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held 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. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. A section of the electronic care plan captures any required Māori health and cultural information for each</p>

		Māori resident. The Arvida model of care is based on the `Attitude of Living Well` framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family for collective decision making. Interviews with two family (one from the rest home and one hospital) and five residents (two from the hospital and three rest home, including one younger person and one person in the serviced apartment) confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents or relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints made in 2023 year to date, six were received in 2022 and three complaints were made in 2021. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and</p>

		<p>Disability Commissioner. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical managers acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Park Lane Lifecare is owned and operated by the Arvida Group. The service provides care for up to 87 residents in total (42 beds in dual-purpose rooms in the care centre and 45 serviced apartments certified for rest home level care). On the day of the audit there were 44 residents in total in the care centre; 21 rest home residents, including one resident on respite care and one on a long-term support-chronic health condition (LTS-CHC) contract; four rest home residents in the serviced apartments; and 19 hospital residents, including one resident on an interim care/ACC contract. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The executive team, village manager and clinical staff 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>Arvida Group has a well-established organisational structure. The overarching current 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 and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p>

		<p>The service has a village manager (RN), who has been in the role since October 2021. The village manager is supported by an experienced clinical manager who has also been in the role since October 2021. Both the village manager and clinical manager previously worked at another Arvida facility.</p> <p>The village manager and clinical manager have maintained the required eight hours of professional development activities related to managing an aged care facility. The village manager attended a three-day Arvida village manager conference and a two day 'attitude of living well' workshop.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida Park Lane continues to implement the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement/health and safety meetings, quarterly clinical, wellness partners and bimonthly 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.</p> <p>Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident/relative satisfaction survey completed in December 2021 showed 100% in key areas such as: clinical care; first impressions; security/safety; community spaces; care staff; and activities. The resident/relative satisfaction survey was completed in November 2022; however, at the time of the audit the results had not been compiled and analysed.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services.</p>

		<p>Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Results are discussed in the quality improvement/health and safety meetings and at handover.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT in 2022, including for two pressure injuries (one unstageable and one stage III), one related to a missing resident, and one for a police investigation. There had been one respiratory virus outbreak reported in October 2021, a norovirus in March 22 and three Covid-19 outbreaks between April and December 2022.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, and review of policies and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>Arvida Park Lane has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager and clinical manager work 40 hours per week and are available on call after-hours for any operational and clinical concerns, respectively. There is at least one</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents.</p> <p>A RN is rostered on the morning shift in the serviced apartments and one of the care centre wellness partners covers the serviced apartment residents during the night. The care centre RN covers the afternoon and night shifts in the serviced apartments. Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff, last completed in September 2022. External training opportunities for care staff include training through Te Whatu Ora Waitaha Canterbury, and hospice. Staff 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. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida Park Lane supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 39 wellness partners employed in total. Thirty-one wellness partners have achieved either level three or level four NZQA qualification. All wellness partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses complete competencies, including restraint, and medication management (including controlled</p>
---	--

		drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. Ten of the ten RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including Covid-19 preparedness).
<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>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p> <p>The service collects staff ethnicity information as part of the employment process but will work towards reviewing ethnicity data for completeness to improve quality.</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</p>	FA	<p>Potential residents are provided with alternative options and links to the community if admission is not possible. The service plans to collect ethnicity information at the time of enquiry from individual residents and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed to be documented in the monthly quality report. The facility links with Kaumātua Kaitautoko at Te Whatu Ora-Waitaha Canterbury and is able to consult on matters in order to benefit Māori individuals and family/whānau.</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, two rest home (including respite care and on long term support -chronic health contract [LTS-CHC] and three hospitals (including one on interim care funded by Accident Corporation Contract [ACC].</p> <p>Registered nurses (RN) and the enrolled nurse (EN) are responsible for conducting all assessments and developing the care plans. All residents have an admission assessment and information is collected and an interim plan completed at time of admission. InterRAI assessments are completed in a timely manner and assessments are completed at regular intervals and when there is a significant change. Outcomes of risk assessments and interRAI assessments form the basis of the long-term care plan. Cultural assessments include cultural considerations, spiritual wellbeing and beliefs, and details are weaved through all sections of the care plan. Interventions and personal strategies are recorded to meet the individual resident's physical, medical needs and pae ora outcomes. There is evidence of resident and family/whānau involvement in the interRAI assessments and the review of the long-term care plans. Care plans are holistic in nature and reflect the Arvida Attitude of Living Well model of care that give tāngata whaikaha choice and control over their supports. Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary review. Evaluations reflect progression towards the goals. Six-monthly multidisciplinary meetings occur where residents and family/whānau participate in care plan review. There are short-term care plans developed for short-term acute issues such as infections, weight loss, and wounds. These short-term issues are added to the long-term care plan when not resolved within a specific timeframe.</p> <p>A Māori health plan is developed within the long-term care plan and documents the appropriate cultural considerations, supports and interventions required to maintain cultural safe care. The service</p>



	<p>implements Te Ara Whakapiri as an end-of-life pathway.</p> <p>The files of residents on the LTS-CHC and ACC contracts include a suite of assessments and a long-term care plan to address cultural needs, medical and physical needs. Normal routine, hobbies and social wellbeing are addressed. The resident on respite care had an initial assessment, initial care plan and appropriate strategies to manage care needs. Initial care plans are developed with the residents and the enduring power of attorney (EPOA) within the required timeframes.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits once a week and has regular contact with Te Whatu Ora Waitaha Canterbury specialist services when required. The GP is on call for advice after hours. The clinical manager is also available for after-hours calls and advice.</p> <p>The GP interviewed was complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans. The service has access to specialist services at Te Whatu Ora Waitaha Canterbury, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits once a week. The wellness leader (activities coordinator) implements a daily exercise programme and individual mobility improvement strategies for residents.</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 by wellness partners and RNs complete weekly review entries. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were</p>
--	---

		<p>being met. When a resident's condition alters, an RN initiates a review with the GP. Family/whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for five residents with current wounds, including two stage II pressure injuries, and an unstageable pressure injury (non-facility acquired). Input from the local Te Whatu Ora Waitaha Canterbury wound nurse specialist is available. Pressure injury prevention strategies are implemented.</p> <p>Wellness partners interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts, including (but not limited to): bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries. Incident reports reviewed evidenced each event involving a resident reflected a clinical assessment and a timely follow up by an RN. Family was notified following incidents. Opportunities to minimise future risks are identified by the clinical managers in consultation with the allied staff, RNs, and wellness partners.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language flash cards, the use of Māori mythology stories, poi exercises and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). The wellness leader (activities coordinator) interviewed stated that the</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>service had Māori resident's in their care previously and community initiatives were supported, and opportunities were created to meet the health needs and aspirations of Māori and whānau. There is a Māori chaplain accessible that can perform blessing and karakia.</p> <p>The service engages with local community volunteers, entertainers, and visitors.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and wellness partners interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately stored. The medication fridge and medication room temperatures are monitored daily and were within acceptable ranges. Medication room temperatures can be controlled. All eyedrops have been dated on opening. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one resident self-administering medications at the time of the audit and the appropriate assessment and evaluation form was completed. There are standing orders signed and dated by the general practitioner for eleven medications and aligns with the Ministry of Health Guidelines</p>

		<p>(2016) for standing orders.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described how they work in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Kitchen staff are trained in safe food handling. The kitchen manager interviewed evidenced a culturally specific menu for residents who require this. The kitchen manager stated they can also implement menu options culturally specific to te ao Māori. Kitchen staff and wellness partners interviewed understood basic Māori practices in line with tapu and noa.</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>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, enduring power of attorney (EPOA) or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Arvida Park Lane, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness</p>

<p>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>expires 1 March 2023. There is a documented preventative maintenance plan and includes checking and calibration of medical equipment, and testing and tagging of other electrical equipment; this occurred as required in May and September 2022. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>There have been no significant changes to the facility or services since the last audit. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are family/whānau rooms within the facility.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future. The maintenance manager interviewed stated the Arvida support office provides direction on new builds. The independent Māori consultant provides advice, and a separate Māori Advisory Committee collaborates and work in partnership with the Health Equity Group to ensure any decisions related to new built and appropriate environment for Māori embrace the principle of Tino Rangatiratanga.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 19 February 2013 (sighted). A fire evacuation drill is repeated six-monthly and last completed 12 October 2022 in accordance with the facility's building warrant of fitness requirements. There is a current resident list with required assistance in case of an evacuation, documented to ensure for a smooth evacuation when required.</p> <p>The building is secure after hours with a gate and automatic door that closes at set times. Staff complete security checks at night. Visitors can gain entry to the facility after hours through pressing a bell and intercom.</p> <p>There is a security company that provides security checks at night and twice a night over weekends. Staff are identifiable and wear name badges. All visitors and contractors are identifiable through a</p>

		sign in process at reception.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention and antimicrobial programme and procedure/ Kaupapa Moroiiti-kore me te karo Pokenga policy that includes the pandemic plan.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Personal protective equipment stock balance is maintained to support any outbreaks. There are readily available isolation kits available. There is a large supply of personal protective equipment (PPE) stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p> <p>All staff have completed cultural safe education with an independent Māori consultant and on the electronic learning platform. Wellness partners, EN and RN interviewed could explain cultural safe practices related to Māori and how they will involve whānau when Māori access their service. The infection control committee is working towards exploring educational resources in te reo.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team. There is an infection control committee that meets three-monthly; however, monthly infection control data is presented and discussed at the monthly quality and risk meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through</p>

		<p>meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board monthly by the Arvida support office.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There had been one respiratory virus outbreak reported in October 2021, a norovirus in March 22 and three Covid-19 outbreaks between April and December 2022. These were well documented and managed.</p> <p>The service captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy and strategic plan both identify the organisations approach to reducing and eliminating restraint. The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN. At the time of the audit, the facility was restraint free. Restraint use across the organisation is benchmarked and links to operational goals of reducing and eliminating restraint. The quality reporting process to the executive team includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>The use of restraint (if any) would be reported in the facility meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free</p>

		environment is included as part of the mandatory training plan and orientation programme.
--	--	---



## Specific results for criterion where corrective actions are required

---

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

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

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

No data to display
--------------------

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

---

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

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

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

No data to display
--------------------

End of the report.