

Rhodes on Cashmere HealthCare Limited - Rhodes on Cashmere

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rhodes on Cashmere HealthCare Limited
Premises audited:	Rhodes on Cashmere
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 May 2023 End date: 12 May 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	12

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

Rhodes on Cashmere is part of the Arvida Group. The care centre opened in July 2022. Arvida Rhodes on Cashmere is located in Christchurch and provides hospital (geriatric and medical) and rest home care for up to 35 residents. There were 12 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora 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 residents, family/whānau, management, staff, and a general practitioner.

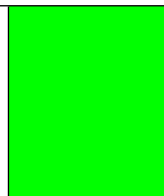
The village manager (non-clinical) is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager and team of registered nurses and wellness partners.

The service has embedded the Arvida 'Attitude of Living Well' model of care into daily practices. There are quality systems and processes being implemented. Feedback from residents and family/whānau 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 a shortfall around care plan interventions.

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.

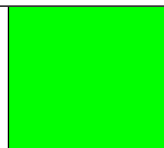


Subsections applicable to this service fully attained.

Arvida Rhodes on Cashmere provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family 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.



Subsections applicable to this service fully attained.

Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager is supported by a clinical manager, and 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 Rhodes on Cashmere is implementing the Arvida quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Rhodes on Cashmere collates clinical indicator data

and benchmarking occurs. There are human resources policies, including recruitment, selection, orientation and staff training and development.

The service has an 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. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission pack 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 or nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and wellness partners (caregivers) 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.

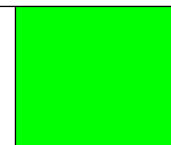
The wellness leader, and a wellness partner provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

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

Planned exits, discharges or transfers were coordinated.

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 holds a current warrant of fitness and a certificate for public use. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

All resident rooms and suites are single occupancy with ensuites and large windows. The corridors are wide and there is easy access to all areas and all floors for residents using mobility aids. Rooms are personalised with ample space, lighting, and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. There are security procedures to ensure the safety of residents and staff.

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.

Subsections 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. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been no outbreaks since the opening of the service. These have been managed well.

There are documented processes for the management of waste and hazardous substances in place. 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.



Subsections applicable to this service fully attained.

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. 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 would only use 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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	<p>FA</p>	<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 no residents who identify as Māori. Arvida Rhodes on Cashmere is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>The village manager stated that she supports increasing Māori capacity within the workforce and will interview Māori applicants when they do apply for employment opportunities at Arvida Rhodes on Cashmere. At the time of the audit there were Māori staff. 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 how at a local level they have progressed to establishing relationships with the Māori community, kaupapa Māori services (Te Piki Oranga) and at Te Whatu Ora – Waitaha Canterbury. The service also has an affiliation with Nga Tahu, Ngai Tua Huriri, Rāpaki Marae in Governors Bay and Nga Hau E Whā National Marae</p>

		<p>and have a site specific cultural advisory programme for Arvida Rhodes on Cashmere.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Seven wellness staff interviewed (two registered nurses (RN), four wellness partners (caregivers) and one wellness leader) described how they promote health and wellbeing within the Arvida Attitude of Living Well model of care.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan: Arvida Ola Manuia plan that is in place. Staff have been introduced to the Fonofale model.</p> <p>On admission all residents state their ethnicity. There are currently residents that identify as Pasifika. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The clinical manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida has recently engaged a Pacific consultant to collaborate with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pacific services information is available through He Hara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required. The service is actively recruiting new staff. There are staff that identify as Pasifika. The village manager described how Arvida Rhodes on Cashmere increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff (seven wellness care staff, one food service manager, one maintenance manager, one laundry assistant, one housekeeper), four managers (one village manager, clinical manager, one head of wellness and compliance and head of clinical and quality) and documentation reviewed identified that the service provides person-centred care.</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>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly household meetings. Three residents (one hospital and two rest home) and three family/whānau (two 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 recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held, and pastoral care is provided. 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 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>Wellness staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The Arvida Rhodes on Cashmere 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</p>

		<p>services.</p> <p>It was observed that residents are treated with dignity and respect. The recent satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</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 is a married couple who share a care suite.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's 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 opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency</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>An abuse, neglect and discrimination policy is being implemented. Arvida Rhodes on Cashmere policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. 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. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic</p>

		<p>racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Cultural days are held to celebrate diversity.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff survey for April 2023 evidence a supportive working environment that promotes teamwork.</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 RNs 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. There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. 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> <p>The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on a patient/resident wellbeing and to improve Māori health outcomes through clinical assessments of practice, and through education sessions.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

<p>them about their choices.</p>		<p>Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as Nurse Maude and Te Whatu Ora Health New Zealand-Waitaha Canterbury specialist services. The Arvida national dietitian and other dietitians support nutritional consultation. The delivery of care includes a multidisciplinary team and residents and 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 through emails, regular newsletters, and household meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>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</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed 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</p>

<p>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>enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>An informed consent policy is in place that include the guidance on advance directives. 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/whānau 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.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</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>	<p>FA</p>	<p>There is a concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and 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). The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were two complaints logged since the opening of the service.</p>

		<p>All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There were no trends identified and both complaints are closed as resolved to the satisfaction of 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 complaint 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 confirmed during their interview that the clinical manager and village managers are available to listen to concerns and acts promptly on issues raised. Residents or 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 for staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Rhodes on Cashmere is part of the Arvida Group. Rhodes on Cashmere is a modern, spacious, purpose-built facility integrated into the existing Rhodes on Cashmere apartment block (retirement village). The service provides hospital (medical and geriatric) and rest home care for up to 35 residents in the care centre. The care suites are dual purpose and under licence to occupy agreements.</p> <p>On the day of audit, there were 12 residents in total; seven at rest home level care (including one on respite care); and five at hospital level care residents, including one on end-of-life support care contract (EOL). All other residents were on the aged related residential care contract (ARRC).</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each</p>

	<p>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. Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida’s 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 (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers.</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 have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The establishment of Māori and Health Equity Advisory group guide vision, practice, and development to improve the outcomes that achieve equity for Māori. The village manager oversees the implementation of the quality plan. The clinical manager provides regular reporting to the village manager, which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved.</p>
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	<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 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. Arvida Group contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti and tikanga Māori training. There is a Pacific advisor that assist the organisation with the implementation of the Pacific health plan.</p> <p>The working practices at Arvida Rhodes on Cashmere are 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>Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are always respectful of the resident's preferences, expectations, and choices; recognising that the resident and whānau must be at the heart of all decision making. It involves all staff in every village, and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme, to support a resident centric environment.</p> <p>The village manager (non-clinical) has been in the role at Arvida Rhodes on Cashmere for the last three years and has prior management experience in aged care. The village manager is supported by an experienced clinical manager that has been in the role since the opening of the care centre and has worked for the Arvida Group for the last two years as a registered nurse. The management team are supported by Arvida head of clinical quality and head of wellness compliance.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development since commencement of their employment.</p>
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<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 Rhodes on Cashmere is implementing the Arvida 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/management and health and safety meetings, bimonthly clinical, 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 staff quality noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</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. All policies and procedures are reviewed at least every three years. A Māori advisor and Māori advisory group support and review, policies, benchmarking, and quality data to provide a critical analysis to practice and improving health equity. New policies or changes to a policy are communicated to staff. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The resident and resident/family satisfaction surveys has been completed with overall satisfaction. High levels of satisfaction were indicated for clinical care, safety/security, quality of communications, grounds, and cleaning.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and</p>

		<p>an up-to-date hazard register were 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.</p> <p>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>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. 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. 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 other aged care provider groups. Results are discussed in the quality and staff meetings.</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 has been for one Section 31 notification completed to notify of a sudden death. There have been no outbreaks since the opening of the care centre in July 2022.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>Arvida Rhodes on Cashmere roster policy includes staff rationale for skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 52 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager works 40 hours per week from Monday to Friday, and is available on call after hours for non-clinical issues. In addition to the village manager, the clinical manager works five days a week (Monday to Friday). There is at least one RN on at any one time.</p>

<p>services.</p>	<p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of residents. The wellness partners interviewed stated that they have sufficient staffing levels, the clinical manager interviewed stated the number of wellness partners will accommodate any immediate new admissions. The apartments are a wing off the main rest home/hospital. The nurses' station is in close proximity to the serviced apartment wing and registered nurses oversee the residents in the apartments. All senior wellness partners are medication competent.</p> <p>There are designated activities, food services, cleaning, and laundry staff seven days a week.</p> <p>There is an annual education and training schedule that has been completed for 2022 and 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 (September 2022). External training opportunities for care staff include training through Te Whatu Ora -Waitaha Canterbury, Aged Concern and Nurse Maude. 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. The learning platform creates opportunities for the workforce to learn about and address inequities. Arvida Rhodes on Cashmere supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 25 wellness partners employed. Eighteen wellness partners have achieved either level three or level four NZQA qualification. One staff member is a Careerforce assessor.</p> <p>Staff completed a comprehensive three-week orientation prior to opening the care centre. All wellness partners are required to complete bi-annual competencies for restraint, annual competencies for moving and handling, personal protective equipment (PPE), medication, hand hygiene, insulin administration and cultural competencies. A record of completion is maintained on an electronic register.</p> <p>Registered nurses' complete competencies, including restraint,</p>
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		<p>medication competency (including controlled drug management, insulin administration and syringe driver training), and oxygen administration. Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. Four of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training and completed training in: critical thinking and problem solving; infection prevention and control, including Covid-19 preparedness; effective communication in the care setting; management of diabetes; dementia; and delirium.</p> <p>Staff wellness is supported by Wellness New Zealand and an employee assistant programme (EAP) is available. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate in an annual staff survey.</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>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Eight staff files reviewed evidenced the implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals are not yet due.</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 includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies were completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity</p>

		<p>data is identified, and the service maintains an employee ethnicity database. Following any staff incident or 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. Staff are supported with rehabilitation and to return to work.</p>
<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. 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.</p> <p>Residents' archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a locked blue secure bin on site, as well as a document shredder for immediate document destruction. Arvida has a contract with Iron Mountain for storage of archived files. The village manager is the privacy officer and has to approve request for health information from third parties. Resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>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</p>	FA	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Five admission agreements reviewed align with all contractual requirements. There is a specific short stay admission agreement for those residents admitted for respite and short stay. Exclusions from the</p>

<p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>service are included in the admission agreement.</p> <p>Family/whānau 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 and registered nurses interviewed advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>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 links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. Resident's ethnicity data is captured, analysed, and reported against, to identify inequity trends comparative to ethnicity. The analysis is completed by Arvida Group support office and results shared with facilities.</p> <p>The service identifies and implements supports to benefit Māori and whanau. Arvida Māori advisor and Māori advisory group is available to support Māori and whanau through admission process. Arvida Rhodes on Cashmere continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and family/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</p>	<p>PA Low</p>	<p>Five resident files were reviewed (three rest home and two hospital). One rest home respite resident and one hospital end of life resident were included in the review. Registered nurses (RNs) are responsible for conducting all assessments and the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and care conference meetings.</p> <p>All residents have admission assessment information collected and an</p>

<p>whānau to support wellbeing.</p>	<p>interim care plan completed at time of admission. InterRAI assessments have been completed as per contractual requirements. All resident files had an interRAI assessment (except respite) and a suite of assessments completed. Assessments, including the interRAI assessment outcomes, form the basis of the care plans.</p> <p>Long-term care plans address cultural needs, medical and physical needs. Care plans are holistic in nature and reflect a person-centred model of care (Attitude of Living Well); however, not all care plans included adequate interventions to manage all clinical risks. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan. Care plans are developed in partnership with the resident and family/whānau. The goals are evaluated six-monthly, and the degree of outcomes/achievement are documented. Care plans have been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. The service has systems and processes to support all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making. Although there are no current residents who identify as Māori; the clinical manager and RNs (interviewed) explained the cultural supports and assessments undertaken for residents who identify as Māori and how resident specific goals (pae ora outcomes) would get interwoven into care planning and delivery of care.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. The service has one contracted GP from local practice who visits weekly and is available on call for urgent needs. The clinical manager is also available for after-hours calls and advice. On interview, the GP expressed satisfaction with the care provided and the competency of the nursing staff. Specialist referrals are initiated as needed. Allied health and specialist interventions were documented and integrated into care plans (eg, podiatrist, dietitian, wound specialist, and speech language therapy). A physiotherapist visits weekly, and a physiotherapist assistant is available three afternoons a week.</p> <p>Wellness partners interviewed could describe a verbal and written</p>
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		<p>handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written each shift and as necessary by wellness partners and RNs. 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. When a resident's condition alters, a RN assesses the resident and initiates a review with the GP. Family/whānau are notified of all changes to health, including infections, accident/incidents, GP visit, 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. There were fifteen wounds documented in the current wound register from three residents. This included one resident with two stage II pressure injuries, skin lesions, skin tears, blisters, and haematoma. Pressure injury prevention strategies, management and equipment is documented in the care plan. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention and management resources. These were sighted during the audit. There is also access to a wound and 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): blood pressure; weight; food and fluid chart; pain; blood glucose levels; and turning charts, as required by the assessed needs of the residents. Electronic incident reports reviewed evidenced a clinical assessment and follow up by an RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Opportunities to minimise future risks are identified by the clinical manager, who reviews every adverse event.</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</p>	<p>FA</p>	<p>There is a wellness leader who leads the activities programme. The wellness leader works full time alongside the wellness partners to support all residents with their activities Monday to Sunday. The overall programme has an integrated resident led activities programme that is appropriate for all residents.</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>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.</p> <p>Residents have copies of activities in large print. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to): exercises; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise, some attended the church service, and most were seen enjoying the afternoon tea event that was in the lounge on level one. The programme allows for flexibility and resident choice of activity. One-on-one activities are available, as well as group activities.</p> <p>There is regular weekly "mystery bus drives" (van outings). Church services are held weekly. Residents are encouraged to maintain links to the community. There are cultural events celebrated. Themed days such as Matariki, Waitangi, and ANZAC Day are celebrated with appropriate resources available.</p> <p>Although there are no Māori residents at the time of the audit, the service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. On interview, the wellness leader confirmed that there are te reo Māori activities that are resident led and classes held for basic te reo Māori and pronunciation. Māori language week and Matariki is part of the activities calendar.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile includes `About me` and `life history`, that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and household meetings. The residents and family/whānau interviewed were very happy with the variety of activities provided that catered for everyone's needs.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are organisational policies and procedures in place for safe medicine management. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency. All medications are administered from prepacked blister packs. 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-administering medications on the days of audit. There are assessments and processes in place should any resident wish to do this. No standing orders were in use and no vaccines are kept on site.</p> <p>There are two dedicated medication rooms in the facility: one on level one (ground floor) and level two with swipe access. All residents' routine medications are stored in moisture proof locked cabinets in resident room ensuites. All controlled drugs and 'as required' drugs are stored in the medication rooms. The medication rooms have security cameras fitted and adequate lighting. Medication rooms are temperature controlled to ensure a steady room temperature is maintained. There is one medication fridge in use (level two) with temperature monitoring completed daily. Weekly medication room and resident room medication cabinet temperature monitoring was completed. Monitoring records were sighted and evidence that temperatures have been maintained within the acceptable temperature range. Eye drops and creams were dated on opening.</p> <p>Ten medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. 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 as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan</p>
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		<p>evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service manager oversees food services. There is a second cook and a team of kitchen hands. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida 'Eating Well' requirements. The menu contains 'resident choice' slots each week for spontaneous resident requests, which are encouraged to be shared in the regular food services manager (FSM) and resident meeting (eg, residents want to try a recipe following watching a cooking show). Food preferences and cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, cultural, family and/or own recipes (eg, hāngi, or Samoan food). 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.</p> <p>The menu provides pureed/soft meals, as well as gluten free options. Each meal offers meal options for residents to choose from. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the second options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan expiring June 2023. Chemicals are stored safely, and safety datasheets are available.</p> <p>The kitchen is situated on the ground floor and meals are put in</p>

		<p>temperature controlled hot boxes, which are transported to the dining rooms and served by staff to residents, according to the choices the residents have selected. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to resident rooms on trays is covered to keep the food warm. All rooms have kitchenette areas with tea and coffee facilities, small fridge and a microwave for residents and families to use. The deluxe suites have two-hob cooking facilities (which can be disabled if required), fridge and dishwasher for residents to use.</p> <p>Residents provide verbal feedback on the meals through the household meetings, which is attended by the food service manager when required.</p> <p>Residents are weighed monthly, unless this has been requested more frequently due to weight loss. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes in conjunction with the clinical staff for weight loss, as required.</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/whānau 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 residents and their family/whānau were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including next of kin details. Discharge summaries are uploaded to the electronic resident's file. The clinical manager advised a comprehensive handover occurs between services.</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</p>	FA	<p>The building holds a building warrant of fitness, expiring July 2023 and a council approved Certificate of Public Use. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance</p>

<p>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>manager with over 30 years of experience in the industry and a part-time gardener. There is an electronic app where maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures and ceiling hoists checks. Hot water temperature monitoring records sighted were within acceptable ranges. The preventative maintenance plan comes from Arvida Group support office and is adjusted to meet the facility's needs. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor (in April 2023). Annual checking and calibration of medical equipment, hoists and scales was completed in March and April 2023. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility has been designed in a household configuration in accordance with the 'Attitude of Living Well' model of care. The care centre is built across three floors; level one (ground level) with a large communal lounge/ dining area with open plan kitchen area/servery, whānau room, medication room, sluice, nurse's station and 14 resident rooms (two corridors of seven rooms each). Level two is a mirror image of level one; however, the staff room and clinical manager office is situated on level two. Level three has seven resident rooms, and a communal lounge/ dining area. There are no residents occupying level three at present. There are two lifts (one large lift and one smaller lift) on either side of the communal areas so residents and visitors can access all floors. There is also stair access.</p> <p>Lounge areas are carpeted and have large ranch slider doors at level one and level two. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. The lounge area on level one opens out to a large, decked area providing safe access to outside areas and gardens. The external courtyards and gardens have seating and shade.</p> <p>The kitchenette areas on each floor have adequate bench space,</p>
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		<p>fridge, microwave, oven, and dishwasher. On the day of the audit, residents and families/whānau were observed making use of the facilities. Heat-pumps are fitted in all communal areas.</p> <p>All resident rooms have tracks for ceiling hoists fitted and all rooms have sensor lights fitted. All resident rooms and suites have generous ensuite facilities which provide adequate space for hospital equipment. All ensuites are tiled wet areas with privacy curtains, call bells and handwashing facilities with flowing soap. Paper towel dispensers have been built into the cabinetry. Bathroom cabinets include a locked drawer for medications which is moisture proof.</p> <p>All resident rooms and communal areas have ample natural light and ventilation. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences. Corridors are wide and provide access to all communal areas for residents using mobility equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>Rhodes on Cashmere has a working relationship with Nga Tahu, Ngai Tua Huriri and are meeting to explore career opportunities, and to seek regular input and support in weaving, te reo Māori, Te Tiriti and Tikangi into the service and environment. The building received a Māori blessing at the time of occupancy.</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>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and 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>The NZ Fire Service evacuation scheme was approved in June 2022. The last fire drill was completed in December 2022 and there is a documented six-monthly fire evacuation practice plan in place which was sighted. A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency</p>

		<p>assessments. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. The electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies, with civil defence bins, advanced resuscitation bag, evacuation chairs, a store of 5000L emergency water (situated at the rear of the facility), several hot water tanks in the ceiling and BBQs for alternative cooking. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. The facility can hire mobile emergency generators if there is a power failure. There is a defibrillator at reception for use in healthcare emergencies. There are first aid supplies at reception, nurses' stations, kitchen, laundry, maintenance shed and in vehicles used by residents. First aid training was completed by all staff and there is a first aid trained staff rostered on each shift.</p> <p>There are call bells in the residents' rooms, ensuites and lounge/dining room areas. Pendants are available for residents as and when appropriate. The call bell system is linked to cell phones carried by staff on duty to respond to calls by residents. Residents were observed to have their call bells and pendants in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. Information around what to do in an emergency is included in the resident's admission pack.</p> <p>The facility is secured at night with a private security company contracted for night security supervision. The facility external doors automatically lock at dusk and open at dawn. Staff also undertake a security check. The service utilises security cameras throughout the facility, in the hallways, communal areas and at the main entrance. There is security lighting installed outside. Breaches of security are escalated to the RN on duty and the village manager.</p>
Subsection 5.1: Governance	FA	Infection prevention and control and antimicrobial stewardship (AMS) is

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>an integral part of Arvida’s strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Arvida support office, a microbiologist, Public Health, and Te Whatu Ora-Waitaha Canterbury. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets bimonthly. Infection rates are presented and discussed at quality improvement management meetings, household meetings and combined staff meetings. The data is also benchmarked with other Arvida facilities. The Arvida Group benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Arvida Board. The Arvida executive team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Arvida support office, in consultation with the infection control coordinators.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	<p>FA</p>	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed a two-day workshop /webinar with Te Whatu Ora- Waitaha- Canterbury and online Altura education. The infection control coordinator has access to Bug Control information and education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, microbiologist, and Te Whatu Ora-Waitaha Canterbury.</p> <p>The service has a Covid-19 response plan which includes preparation</p>

<p>scope of our services.</p>		<p>and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment, and these are regularly checked against expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, 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.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The procedures to check these are included in their internal audit system, through the completion of the 'infection control policy to practice' audit tool. The infection control coordinator has access to infection control information in te reo Māori. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti. The Arvida Group lead for special projects in consultation with the Arvida lead infection control coordinator, were involved for advice in infection control matters at the time of the new build. The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). The expiry dates are checked at regular intervals.</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 hand hygiene, N95 mask fitting and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed through household meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There is a sign in process for visitors.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The 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 improvement management meetings and staff meetings. Significant events are reported to the Arvida executive team and the infection control steering group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<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. Surveillance data includes ethnicity and is monitored and analysed for trends, monthly and annually. Infection control data is discussed at facility meetings. Arvida head office have direct access to data via the electronic system.</p> <p>The wellness & care systems manager collates data monthly on incidents and rates of healthcare associated infections (HAI) which is first presented to and discussed by the wellness & care team. This data is emailed to villages to support their quality programme. Any trends are reported to the monthly Board meeting.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and Te Whatu Ora -Waitaha Canterbury for any community concerns.</p> <p>There have been no outbreaks since the opening of the care centre in July 2022.</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 hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps 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 in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site. All laundry is operational seven days a week. There is a laundry assistant on duty each day. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. 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 serviced regularly.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning, laundry and ‘infection control policy to audit’ audits.</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</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit; having been so since</p>

<p>restraint in the context of aiming for elimination.</p>		<p>it opened.</p> <p>An interview with the restraint coordinator and head of clinical quality compliance described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	PA Low	There are comprehensive policies in place related to assessment and support planning. Care planning is completed by an RN with resident and family/whānau input. Care plans are holistic and resident centred; however, not all resident files provided sufficient resident specific interventions to provide guidance to care staff for delivery of care services.	<p>(i). One rest home resident with heart failure did not have adequate interventions to manage the clinical risks and interventions to reflect GP instructions.</p> <p>(ii). One rest home resident did not have interventions updated related to continence support requirements.</p>	<p>(i)-(ii)Ensure interventions are documented in detail to manage and guide the care of the resident.</p> <p>90 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
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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.