

St Albans Retirement Home Limited - St Albans Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: St Albans Retirement Home Limited

Premises audited: St Albans Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 15 June 2023 End date: 16 June 2023

Proposed changes to current services (if any): Since the last audit, the service has reconfigured 15 beds in the serviced apartments into dual purpose (rest home and hospital level care). The Ministry of Health approved this reconfiguration by letter on 21 September 2022. At the time of the audit a visual verification was completed on the 15 dual purpose beds in the serviced apartments to confirm that they were suitable for hospital level of care. The total number of beds remains at 106.

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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

General overview of the audit

St Albans Lifecare is owned and operated by the Arvida Group. The service provides care for up to 106 residents with 38 dual-purpose beds in the care centre and up to 68 beds in serviced apartments certified to provide rest home level care, with 15 of those beds being dual-purpose to also provide hospital level care. On the day of the audit there were 51 residents in total.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Waitaha Canterbury. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner.

The village manager and the clinical manager are appropriately qualified and experienced in aged care. Feedback from residents and families/ 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.

This surveillance audit identified areas for improvement are required around care planning and wound monitoring.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

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

Ngā huarahi ki te ora | 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 medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. There is input from a range of allied health professionals.

The activity programme offers a diverse range of activities and provides activities for both rest home and hospital level residents. The programme incorporates the cultural requirements of the residents. Te ao Māori is facilitated and encouraged.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

St Albans has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and regularly calibrated. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable.

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.

A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Two Covid-19 outbreaks have been documented and reported since the previous audit and all were well managed.

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.

At the time of the audit, the facility was restraint free. There is governance commitment to remain restraint free. Restraint policies and procedures are in place. The restraint free environment is overseen by the restraint coordinator (a registered nurse). Staff receive education in restraint-free strategies and challenging behaviour. Restraint data is benchmarked, and strategies are discussed at quality improvement meetings.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	0	1	0	0
Criteria	0	56	0	1	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan (Te Mahere Hauora Māori) is documented for the service. At the time of the audit there were no Māori staff employed at the facility; however, there are Māori staff employed in various positions throughout the organisation. The village manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they apply for employment opportunities at Arvida St Albans. The village manager described how at a local level they have progressed to establishing relationships with Ngāi Tahu and Rehua Marae.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve	Not Applicable	The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan: Arvida Ola Manuia plan is in place. Arvida St Albans have access to Pacific groups to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people through Pacific staff. There is a Pacific advisor that assists the organisation with the implementation of the

<p>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>Pacific health plan.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager confirmed that Arvida St Albans ensures that Māori mana motuhake is recognised in all aspects of service delivery through the 'Attitude of Living Well' model of care, the Māori health plan and was included in the resident care plans reviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand the language. The staff noticeboards contain information on Māori tikanga practice. Interviews with twelve staff, including two registered nurses (RN), two enrolled nurses (EN), five wellness partners (caregivers), one maintenance manager, one kitchen manager and one wellness leader (activities coordinator) confirmed their understanding of tikanga best practice, with examples provided. Cultural awareness training has been provided annually and covered Te Tiriti o Waitangi, tikanga Māori and cultural competency. Cultural training is also included in the orientation programme for new staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</p>	FA	<p>Arvida St Albans policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes</p>

safe and protected from abuse.		for all residents, including Māori. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident. The Arvida model of care is based on the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori plan is available to guide on cultural responsiveness to Māori perspective of health. The clinical manager, RNs and ENs interviewed demonstrated a good understanding of informed consent processes. Cultural awareness training includes best tikanga guidelines.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents or relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints made in 2023 year to date, two complaints were received in 2022 and one complaint made in 2021 since the last audit.</p>

		<p>Documentation reviewed including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There have been no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.</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>	FA	<p>St Albans Lifecare is owned and operated by the Arvida Group. The service currently provides care for up to 106 residents (38 dual-purpose beds in the care wing) and rest home level care across 68 serviced apartments. Since the last audit, the service has reconfigured 15 beds in the serviced apartments into dual purpose. The service continues to provide care for up to 106 residents (38 dual-purpose beds in the care wing, rest home level care across 53 serviced apartments and dual-purpose level care across 15 serviced apartments).</p> <p>On the day of the audit there were 51 residents, with 33 residents in the care centre; 20 rest home, including three residents funded by ACC, and one resident on respite. There were 13 hospital residents, including two residents funded by ACC. There were 17 rest home residents in serviced apartments and one hospital resident in the serviced apartment dual purpose beds. All residents were under the age-related residential care (ARRC) agreement.</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. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, te reo Māori,</p>

		<p>Te Tiriti and tikanga Māori training.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. 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 (enrolled nurse) has been in the role for one and a half years and has worked at Arvida for nine and a half years. The village manager is supported by an experienced clinical manager, who has been in the role for two years and has worked at Arvida for six and a half years. They are supported by the Wellness and Support Team.</p> <p>The village manager provides a monthly report to the head of Wellness and Care on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. St Albans Lifecare has a business plan 2023 and a quality and risk management programme.</p> <p>The village manager and the clinical manager have maintained the required eight hours of professional development activities related to aged care and managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	FA	<p>Arvida St Albans continues to implement the quality and risk management programme. The quality and risk management systems</p>

<p>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>include performance monitoring through internal audits and through the collection of clinical indicator data. Bimonthly quality improvement, monthly health and safety meetings, four-monthly RN/EN clinical and three-monthly full staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident/relative satisfaction survey was completed in December 2022. From the results, a corrective action response was implemented around improving individualised resident care, clinical care and safety and security.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Results are discussed in the quality improvement/health and safety meetings and at handover.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of RN shortages in 2022, and pressure injuries in 2022. There were notifications for pressure</p>
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		<p>injuries, and one resident absconding with police involvement in June 2023. There have been two Covid-19 outbreaks in the facility (one in February/March 2023 and one in June 2022), that have been notified to Public Health. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori. Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, and review of policies and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Arvida St Albans has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager and clinical manager work 40 hours per week and are available on call after-hours for any operational and clinical concerns, respectively. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule completed for 2022 and 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. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury and the Nurse Maude service. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New</p>

		<p>Zealand Qualification Authority (NZQA) qualification. Arvida St Albans supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 32 caregivers employed in total. Ten have achieved level four NZQA qualification and fifteen have achieved level three. All caregivers are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are seven RNs in the facility (plus the clinical manager), and six RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including Covid-19 preparedness).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. The service collects staff ethnicity information as part of the employment process and ethnicity analysis reports are developed and reported to Arvida</p>

		head office.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service maintains a record of entry and decline rates. The manager reported that the service has not declined entry to anyone identifying as Māori and data completion occurs. There were residents who identified as Māori at the time of audit. The service works in partnership with kaumātua and Kaumatua Kaitautoko at Te Whatu Ora - Waitaha Canterbury and is able to consult on matters in order to benefit Māori individuals and family/whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Five resident files were reviewed, two rest home (including respite care) and three hospital (including one funded by ACC). Registered nurses (RN) and enrolled nurses (EN) are responsible for conducting all assessments and developing the care plans.</p> <p>All residents have an admission assessment information collected and an interim plan completed at time of admission. All residents on the ARRC contract have interRAI assessments completed as per contractual requirements and assessments are completed at regular intervals and when there is a significant change. Cultural assessment include cultural considerations, spiritual wellbeing and beliefs and details are weaved through all sections of the care plan. Further assessments required including (but not limited to) activities of daily living; activities assessments; pain; mobility; continence; dietary; and challenging behaviour is assessed, and this was in place for all files reviewed where required. Other available information such as discharge summaries, medical and allied health notes, and consultation with family/whānau or significant others form the basis of the long-term care plans. Interventions and personal strategies are</p>

		<p>recorded to meet the individual resident's physical, medical needs and pae ora outcomes.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and the review of the long-term care plans. Care plans are holistic in nature and reflect the Arvida Attitude of Living Well model of care that give tāngata whaikaha choice and control over their supports.</p> <p>The two residents' files reviewed that were not on the ARRC contract evidenced incomplete nursing care documentation, including one respite resident initial care plan was incomplete and did not address falls risk. The resident funded by ACC did not have a fully completed initial care plan, not all risks were assessed, and the initial long-term care plan did not reflect all needs/risks, interventions, goals, whānau input and other health care instructions.</p> <p>Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary review. Evaluations reflect progression towards the goals. Six-monthly multidisciplinary meetings occur where residents and family/whānau are involved in care plan review.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits once a week and have regular contact with Te Whatu Ora - Waitaha Canterbury specialist services when required. The GP is on call for advice after hours. The clinical manager is also available for after-hours calls and advice. The GP interviewed is complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Resident files reviewed had allied health interventions documented and integrated into care plans. Specialist services at Te Whatu Ora - Waitaha Canterbury include older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits once a week. The wellness leader (activities coordinator) implements daily exercise programme and individual mobility improvement strategies for residents.</p>
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		<p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers. The RNs and ENs further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed; however, not all wound monitoring occurred as required. Wound records were reviewed for thirteen residents with current wounds, including two stage II pressure injuries, and a stage III pressure injury. Input from Te Whatu Ora - Waitaha Canterbury wound nurse specialist is available. Pressure injury prevention strategies are implemented.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Health monitoring interventions for individual residents are recorded in the care plans. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries.</p> <p>Short-term care strategies for acute issues such as infections, weight loss, and wounds were added to the care plan.</p> <p>There were residents who identify as Māori. A Māori Health plan is developed within the long-term care plan and document the appropriate cultural considerations, supports and interventions</p>
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		required to maintain cultural safe care.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The monthly activities calendar includes celebratory themes and events. Each household has their own activities calendar. The activities calendar is posted on noticeboards throughout the facility. Residents advised verbally of the activities available that day. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language flash cards, the use of Māori mythology stories, poi exercises and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). The activities coordinator interviewed stated that the service had Māori resident's in their care previously and community initiatives were supported, and opportunities were created to meet the health needs and aspirations of Māori and whānau.</p> <p>The service engages with a local community volunteer, guest speakers, entertainers, and visitors.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, ENs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses and enrolled nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs, ENs and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately and safely stored. The medication fridge and medication/treatment rooms are monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures can be controlled. All eyedrops have</p>

		<p>been dated on opening. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Nine electronic medication charts and one paper medication chart were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one self-medicating resident (hospital) at the time of the audit and the appropriate assessment and evaluation form was completed. Medication is securely stored, and the medication chart indicated which medicine are for self-administration. The resident interviewed understand their responsibility to report usage. There are no standing orders in use.</p> <p>There was documented evidence in the electronic clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RNs and ENs interviewed described how they work in partnership with their Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Kitchen staff are trained in safe food handling. The kitchen manager interviewed evidence a culturally specific menu for one resident that requires this. The kitchen manager stated they also implement menu options culturally specific to te ao Māori for their Māori residents when requested. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Family/whānau interviewed stated they are supported when they want to bring culturally specific food for their family/whānau.</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>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>collaboration with the resident (where appropriate), family/whanau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The current building warrant of fitness expires 1 June 2024. There is a documented preventative maintenance plan that includes checking and calibration of medical and other equipment, including ceiling hoists (in March and November 2022). There is an annual preventative maintenance plan that is followed. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>There have been no significant changes to the facility or services since the last audit. However, 15 dual purposed serviced apartments were viewed to be spacious to provide hospital level of care and verified as suitable for dual purpose. The dual-purpose beds increased from 38 to 53 (38 beds in the care wing and 15 beds in the serviced apartments). The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are family/whanau rooms within the facility.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future. The maintenance manager interviewed stated the Arvida support office provides direction on new builds. The independent Māori consultant provides advice, and a separate Māori Advisory Committee will collaborate and work in partnership with the Health Equity Group to ensure any decisions related to new builds and appropriate environment for Māori embrace the principle of Tino Rangatiratanga.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 24 July 2020 (sighted). A fire evacuation drill is repeated six-monthly and last planned for 23 June 2023 in accordance with the facility's building warrant of fitness requirements. There is a current resident list with required assistance in case of an evacuation, to ensure for a smooth evacuation when required.</p> <p>The building is secure after hours with a gate and automatic door that closed at set times. Staff complete security checks at night. Visitors can gain entry to the facility after hours through pressing a bell and intercom. There are closed circuit television cameras within the facility communal areas, exits and reception. Staff are identifiable and wear name badges. All visitors and contractors are identifiable through a sign in process at reception.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an Infection, Prevention and Antimicrobial Programme and procedure/ Kaupapa Moroiti-kore me te karo Pokenga policy that includes the pandemic plan. The infection control officer (clinical manager) provides leadership and direction to staff. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Personal protective equipment stock balance is maintained and regularly checked to support any outbreaks. There are readily available isolation kits available. There is a large supply of personal protective equipment (PPE) stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility.</p> <p>Staff education includes (but is not limited to) standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE). All staff have completed cultural safe education with an independent Māori consultant and on the electronic learning platform. Caregivers, ENs and RNs interviewed could explain cultural safe practices related to Māori and how they involve family/whānau and the resident when Māori access their service. The infection control committee has access to educational resources in te reo Māori.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team. There is an infection control committee that meets bimonthly; monthly infection control data is presented and discussed at the monthly quality improvement meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board by the Arvida support office. Infections including outbreaks are reported, documented and reviewed so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There had been two Covid-19 outbreaks recorded (one in June 2022 and one between February/March 2023). These were well documented and managed.</p> <p>The service captures ethnicity data on admission and incorporated this into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/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 hospital registered nurse, who provides support and</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The village manager and clinical manager interviewed confirmed the service's commitment to a restraint-free environment.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. Benchmarking occurs. The restraint free/restraint approval committee meets six-monthly. Strategies to remain restraint free is discussed at staff and quality improvement meetings. Restraint is only ever considered 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. Staff complete a restraint competency 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>	<p>PA</p> <p>Moderate</p>	<p>Registered nurses and enrolled nurses are responsible for completing assessments and developing care plans. Three of five residents had completed care plans and assessments. Care plans for the three residents reflected all risks identified, addressed physical needs and disabilities, had resident centred goals, reflected whānau input, detailed documented interventions and allied health instructions integrated into the care plan. Two residents were in the facility for less than six months and both were non-ARRC; their care plans did not reflect the same completeness.</p> <p>The respite resident did not have an updated interim care plan for the</p>	<p>(i) One rest home resident (respite) did not have a falls risk assessment completed.</p> <p>(ii) The resident on hospital level care (ACC funding) initial care plan was incomplete and did not address disabilities and current abilities.</p> <p>(iii) The rest home resident (respite) was cared for on an interim care plan from the previous admission.</p> <p>(iv) Interventions were not documented for falls prevention strategies for the rest home resident on respite to manage four falls post admission.</p> <p>(v) The long-term care plan</p>	<p>(i) Ensure the appropriate assessments are completed to address risks.</p> <p>(ii)-(iii) Ensure care plans are fully completed/updated to reflect and address all the needs/risks of the resident.</p> <p>(iv) Ensure care plans developed detail interventions to guide care.</p> <p>(v) Ensure care plans evidence resident goals and whānau input and instructions from allied health professionals are documented in the care plan.</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>		<p>most recent admission, with no falls assessment or falls prevention strategies recorded. The resident's family member was complementary of the care and stated the resident awaits to be assessed for permanent level of care and Arvida St Albans is their facility of choice for permanent residential care.</p> <p>The resident on an ACC funded contract had an initial care plan and long-term care plan developed but both were incomplete to address all physical needs, risks, whānau input, allied health instructions and resident's own goals. The resident and family/whānau interviewed express gratitude for the care the resident received from the caregivers since admission. The progress notes reflect a clear picture of the resident's care journey and the care provided.</p>	<p>interventions for one hospital ACC resident were not detailed enough to guide staff in the care of the resident; and the same resident's care plan did not reflect a) the resident's own goals; b) limited evidence of whānau input and c) recent instructions from the district health nurse.</p>	60 days
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This</p>	PA Low	<p>Health monitoring interventions for individual residents are recorded in the care plans. Caregivers, ENs and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries.</p> <p>Residents that require repositioning</p>	<p>One resident (hospital with stage III PI) wound management plan was not consistently completed within the required three days as per the care plan.</p>	<p>Ensure wound monitoring occurs as planned.</p> <p>90 days</p>

<p>supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>and pressure area cares, evidenced progress notes and work logs identified that this occurs when required. Pressure injury prevention equipment and resources are available. Input from Te Whatu Ora - Waitaha Canterbury wound nurse specialist is accessible when required.</p> <p>There is a wound management policy. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed; however, not all wound monitoring occurred 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, these 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.