

# Waikanae Country Lodge Limited - Waikanae Country Lodge

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## 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:

<b>Legal entity:</b>	Waikanae Country Lodge Limited
<b>Premises audited:</b>	Waikanae Country Lodge
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 July 2022    End date: 13 July 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

Arvida Waikanae Country Lodge is part of the Arvida Group. The service is certified to provide rest home and hospital level care for up to 59 residents in the care centre and up to 20 rest home level of care in the serviced apartments. On the day of the audit, there were 42 residents. There were no residents in the serviced apartments.

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

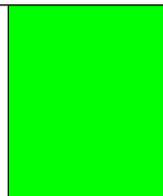
The village manager is a registered nurse and has been in the role since April 2021. The village manager is supported by a clinical manager (also a registered nurse) who has been in the role since August 2021. They are supported by the national quality manager, the wellness and quality team at support office and a team of dedicated experienced staff.

The relative and residents interviewed all spoke positively about the care and support provided at Arvida Waikanae Lodge.

This certification audit identified the service is meeting the intent of the standards.

## 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.



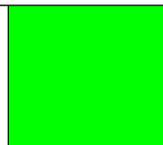
Subsections applicable to this service fully attained.

Arvida's Waikanae Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is 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.

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 voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The service has implemented robust quality and risk management systems. Internal audits and the collation of clinical data are documented as per the audit schedule, and corrective actions are implemented 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. Health and safety processes are in place, led by a health and safety team.

The service ensures the collection, storage, and use of personal and health information of residents 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.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Registered nurses assess, plan, review and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Care plans demonstrate service integration and were evaluated at least six-monthly. Resident files were electronic and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses (RNs) and senior caregivers are responsible for administration of medicines. Medication competent carers check administration of controlled drugs. All staff responsible for medication administration complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

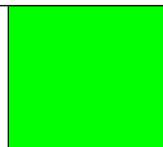
The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

Residents' food preferences 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.

All referrals, resident transfers and discharges occur as seamlessly as possible. Family is informed and involved throughout the process.

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

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



Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. All equipment has been tagged and tested. There are preventative and reactive maintenance schedules implemented. The facility is a two-storey building with all care centre and resident areas on the ground floor, and offices on the first floor. There are a number of large and small communal areas for residents and relatives to enjoy. All communal areas and external gardens and courtyards are easily accessible for residents using mobility aids. All resident rooms are single and are personalised to the residents' individual tastes. There is a mix of bedrooms with own ensuites, and communal toilets/showers. The facility is appropriately heated and ventilated. There have been heat pumps installed since the previous audit to assist with heating and cooling. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

There are organisational policies and procedures in place which have been implemented. Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak since the previous audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. There were no restraints being used at the time of the audit. Maintaining 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	27	0	0	0	0	0
Criteria	0	151	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standards NZS 8134:2021. The policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>A Māori consultant has been contracted to provide input into the Māori health plan and updated Arvida policies and procedures and is also responsible the cultural training programmes for the Board, managers, and staff. Work is underway to develop partnerships with additional Māori stakeholders.</p> <p>Rooms are blessed following the death of a resident. A large</p>

		<p>memorial service was recently held to celebrate the lives of residents who had passed.</p> <p>The service currently has no residents that identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members employed. All staff have access to relevant Tikanga guidelines. Te Reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in Te Reo Māori training and education.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eleven care staff interviewed (five caregivers called wellness partners, five registered nurses (RNs) and the activities coordinator (wellness leader) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Management interviewed advised that family members of Pasifika residents will be encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The organisation is working towards developing a meaningful and collaborative working relationship with Pasifika communities to provide guidance in the development of a Pasifika health plan.</p> <p>The service is actively recruiting new staff. The village manager described how they encourage and support any staff that identify as Pasifika through the employment process. There were staff that identified as Pasifika at time of the audit.</p> <p>Interviews with six residents (one rest home, five hospital) and three relatives (hospital) identified that staff put people using the services, whānau, and communities at the heart of their services.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and Te Reo Māori.</p> <p>Details relating to the Code are included in the information that is provided to new residents and their family. The village manager, clinical manager or clinical coordinator discuss aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the two-monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. The needs of residents under the age of 65 are also taken into account. Residents interviewed stated they had choice and examples were provided. 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 the activities</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>they participate in.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in February 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida attitude of living well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of Te Reo Māori, implementing the kia ora challenge, considering aspects of signage that reflect the use of Te Reo Māori and are sharing knowledge around the values underpinning tikanga principles.</p> <p>Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the</p>
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		Māori health plan and interviews with staff and residents.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. One aim of the staff handbook is to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care which include: fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate. These values align closely with Te Tiriti principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons showing them respect and dignity. All residents and families interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to promote wellbeing outcomes for Māori residents. There were</p>

		no Māori residents at the time of the audit.
<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 them about their choices.</p>	FA	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. Fifteen accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. Clinical review meetings are held weekly. 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. Families are invited to attend.</p>
Subsection 1.7: I am informed and able to make choices	FA	There are policies around informed consent. Seven resident files reviewed included signed general consent forms. General consent

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>forms included the consent for treatment, the use of photographs, and transportation.. Other specific consent forms include vaccinations such as influenza vaccine and Covid vaccines and boosters. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is an Advance Directive policy, which includes resuscitative authority. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Admission agreements had been signed and sighted in the sample of files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where available. Letters around mental capacity (where required) were signed appropriately and EPOAs were activated. An alert is activated on resident electronic files where the EPOA has been enacted.</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>The complaints procedure is provided to residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written, via an (electronic) complaints register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Seventeen complaints were lodged in 2021 and two complaints have been lodged in 2022 (year-to-date). One external complaint received from HDC on 2 August 2021 has been investigated and the service is waiting on further direction from HDC. Corrective actions implemented as a result of this complaint include: daily monitoring of response times to call bells; ongoing education and training for staff in relation to the personal, privacy and dignity policy; and ongoing education and training in relation to the Arvida five pillars of wellness. Two internal complaints received in 2022 were reviewed in detail. Both complaints</p>

		<p>were acknowledged, investigated and have been resolved within timeframes determined by HDC.</p> <p>Discussions with residents and families confirmed they are provided with information on the complaints process, and complaints forms are available near the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the activity's coordinator (wellness leader) with the village manager present during a portion of the meeting.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose. A resident advocate is available if requested by the complainant.</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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Waikanae Country Lodge, located in Waikanae, provides rest home and hospital (geriatric and medical) levels of care for up to 79 residents. This includes 20 serviced apartments certified as suitable for rest home level of care. The 59 beds in the care centre are certified as dual-purpose. The care centre is modern, spacious, and part of a wider retirement village. On the day of the audit, there were 42 residents (25 rest home and 17 hospital level of care). There were no rest home level residents in the serviced apartments. One resident (rest home) was on a younger person on a disability contract (YPD), and one respite resident (hospital level) on ACC. The remaining residents were on the age-related residential care contract (ARRC)</p> <p>The Arvida Group Limited Board of Directors is an experienced team of five professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of their executive team. There is a documented business plan, which informs the quality improvement plan and includes the organisation's scope, strategy, vision, mission, and philosophy around person-centred care. Key performance indicators and specific goals are identified and regularly reviewed by the Board at their monthly meetings, evidenced in the Board meeting minutes. Specific goals as determined by the village manager are also regularly reviewed. The Board receives progress updates on, clinical indicator data, restraint</p>

		<p>use (if any), benchmarking results, high risk events (if any), and escalated/external complaints.</p> <p>The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The chief executive officer, chief operating officer and chief financial officer have all been inducted into their role. There are various groups in the support office who provide oversight and support to the village managers (e.g., wellness &amp; care team, general manager village services [including health and safety manager], head of information technology, head of people and culture, head of employment relations, and accounts personnel).</p> <p>Village managers have overall authority, accountability, and responsibility for service provision at their village. They work with a network of senior staff who provide support and mentoring to village managers, reporting through to the senior leadership and executive teams through to the Board. There is a clear process for the recruitment, induction, and ongoing support of new managers.</p> <p>The national quality manager, and management team (village manager and clinical manager) were interviewed. The village manager has a background in aged care management and is a registered nurse with 35 years of nursing experience. She holds a post graduate certificate in health science in leadership and management and has been in her role since April 2021. The clinical manager is an experienced RN who began her role in April 2021. She previously worked at another Arvida facility as a clinical manager (five years) and as an RN (six years). They are supported by a clinical coordinator/RN.</p> <p>The Board has consulted with a Māori consultant to help identify and address barriers for Māori for equitable service delivery. This continues as a work in progress. Two Board members have attended specific cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety with the remaining Board and senior managers planning to attend. Work is underway to ensure tāngata whaikaha have meaningful</p>
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		<p>representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Clinical governance is the responsibility of the RNs with evidence of weekly clinical review meetings and regular multidisciplinary meetings.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida has established quality and risk management programmes. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems (eCase, Mango).</p> <p>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. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standards NZS 8134:2021. New policies or changes to policy are communicated to staff.</p> <p>Internal audits, satisfaction survey results and the collation of data are documented. The village manager oversees the quality management system and ensures the internal audit schedule is adhered to and the results are actioned and communicated to staff. Corrective actions are documented and implemented. Staff/quality meetings are scheduled monthly. Meeting minutes reflect discussions in relation to quality data, e.g., clinical indicator data ( falls, infections, and other adverse event data), internal audit results, complaints received (if any), satisfaction survey results. Examples of quality improvement projects implemented include: the recent introduction of a sensory room that was reported as reducing episodes of challenging behaviours for residents (this room is also open to staff to help reduce their stress levels with one caregiver reporting that it was very helpful during a very stressful day); greater resident engagement in selecting activities they wish to participate in; an increase in activities staff to support all resident populations; and the adoption of a lodge cat as a calming presence for residents, especially those bed-bound. Staff morale is also reported in the 2022 staff survey as significantly improved from</p>

		<p>previous surveys.</p> <p>Results from the recent resident and family satisfaction surveys (completed in February 2022) were positive. Results were communicated to staff and residents/families, evidenced in meeting minutes. Corrective actions to address lower scores include purchasing new fittings and furniture in 2022, in particular for the dining room and kitchenettes, to improve the resident's overall dining experience.</p> <p>The Arvida health and safety programme is ACC accredited through Welnz. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated electronic system (Mango), and all staff are provided with a login into Mango during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the Waikanae Country Lodge health and safety representatives. Manufacturer safety datasheets are up to date. There are six-monthly manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff/quality meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available three-four hours a week and is assisted by a physiotherapy assistant. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. The falls risk assessment tool (FRAT) is completed for residents at high risk of falling. Caregiver interviews confirmed their awareness of the identified residents who are at greater risk of falling.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required,</p>
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		<p>evidenced in 15 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising, challenging behaviours). Incident and accident data is collated monthly and analysed using eCase. Each event involving a resident reflects a clinical assessment and follow up by a registered nurse. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</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 around changes in management, RN staffing shortages, and pressure injuries (three grade III (or higher) pressure injuries have been reported in the past 12 months). There was a Covid outbreak 1 April 2022. The DHB and public health authorities were notified. The DHB was informed regarding an HDC complaint.</p> <p>Work is underway to assess staff competency to ensure a high-quality service is provided for Māori. Work is also underway to ensure that a critical analysis of practice is undertaken to improve health equity.</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>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses, activities staff and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. This is a significant improvement. Casual staff are available to help fill gaps in the roster including one casual EN who is available to fill in for one RN on the AM or PM shift. Good teamwork amongst staff was highlighted during the carer interviews. Staff and residents are informed when there are changes</p>

		<p>to staffing levels, evidenced in staff interviews.</p> <p>The village manager is available Monday to Friday. She is supported by a clinical manager who works Tuesday – Friday and a clinical coordinator who works Sunday – Thursday. All three share the on-call roster.</p> <p>Two RNs (or one RN and one EN) are rostered on the AM shifts and the PM shifts. One RN is rostered on the night shift.</p> <p>Caregiver (wellness partner) staffing is as follows:</p> <p>Kiwi wing (ten rest home and four hospital level residents): AM shift: one long shift (seven hours or more), and one short shift (0800 – 1400); PM shift: one long shift and one short shift (1500 – 2100); Night shift: three caregivers cover the entire facility.</p> <p>Kakapo wing (one rest home and five hospital level residents): AM: one long and one short shift (0700-1400); PM staffing is shared with the Tui wing, two long shift and one short shift (1500 – 2100).</p> <p>Tui wing (two rest home and eight hospital level residents): AM shift: one long and one short shift (0700 – 1400); PM staff is shared with the Kakapo wing.</p> <p>Weka wing (12 rest home level residents): AM shift: one long and one short shift (0700 – 1400); PM shift: one long and one short shift (1630 – 2200).</p> <p>In addition, a long shift ‘floating’ caregiver works where needed on the AM shift, seven days a week.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. Education and training topics also cover the provision of care for younger persons with a disability</p>
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		<p>(e.g., YPD). Completion of courses is monitored by office staff and reflects high levels of participation (greater than 80%). Arvida is currently rolling out their cultural training programme, led by their Māori consultant. Plans are in place for all staff to attend this training. Work is also underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of thirty caregivers, five have completed their level two qualification, five have completed their level three qualification and twelve have completed their level four qualification.</p> <p>Twelve RNs are employed (including the village manager and clinical manager). Three have completed their interRAI training.</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 resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely in the village manager's office. Nine staff files reviewed (three caregivers, one cleaner, one laundry staff, one gardener, one activities coordinator, one clinical manager, one RN), evidenced implementation of the recruitment/employment process, signed employment contracts, reference checking, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A register of practising certificates is maintained for all health professionals. All staff are scheduled for a three-monthly appraisal followed by an annual performance appraisal. Performance appraisals were up to date.</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 with more experienced staff when first employed. A range of competencies are completed at orientation, specific to the job</p>

		<p>role and responsibilities. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised. A volunteer agreement is in place. Reference checking is completed, and volunteers are orientated to their roles.</p> <p>Information held about staff is kept secure, and confidential. Plans are in place to collect ethnicity data and maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>Resident files and the information associated with residents and staff are retained electronically using eCase. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. Older files are sent off site for archiving as per policy. Documents can be scanned and uploaded on eCase for reference. There is a locked blue secure bin on-site and a document shredder.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	FA	<p>The resident entry policy is documented to guide staff through entry and decline processes. Referrals can come directly from an individual, family, social worker, support worker, or GP.</p> <p>All residents require an initial assessment via needs assessment</p>

<p>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>		<p>service coordination (NASC) team to ensure potential residents meet residential care eligibility criteria.</p> <p>Routine screening is undertaken to ensure that the staff and skills of the caregivers can meet the long-term needs of the residents. Acuity is taken into consideration when planning staffing levels to ensure safe and manageable caseloads for all staff.</p> <p>Very few admissions are declined. The village manager maintains a spreadsheet to record all admissions including any referrals that have been declined. The reason for declining resident admissions is usually because the service is unable to provide the level of care the resident requires (e.g., dementia level care), or there are no beds available. . In instances where referrals are declined, the resident and families are referred back to the referrer. The service had not been able to accept some admission earlier in 2022, due to being in lockdown during the month of April, and the national staffing crisis. The service has maintained a transparent record of reporting with the MOH and DHB throughout periods of staff and RN shortages. The service is currently accepting admissions again.</p> <p>All prospective residents or family representatives are given an information pack containing information about the lodge, routines, services, costs, and admission checklist information.</p> <p>Resident ethnicity is gathered on admission to the service; however, a process is still being developed around collation and analysis of entry and decline rates for Māori.</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</p>	<p>FA</p>	<p>Seven electronic resident files were reviewed: four hospital, including one resident on respite care funded by ACC, and three rest home residents including one YPD resident. All resident files identified that a registered nurse has completed appropriate risk assessments and documented an interim (initial) care plan within expected timeframes. Other assessment tools in use included (but not limited to): pain, behaviour, nutrition, complex health, activities of daily living (ADL) and continence assessments. InterRAI assessments and reassessments have been completed within timeframes and forms the basis of the</p>

<p>whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>long-term care plan. Cultural assessments are included in the ‘about me’ social history assessment. Preferences are included in the leisure (activity) care plan which is reviewed at least six-monthly.</p> <p>Medical assessments reviewed were completed on admission by the ‘house’ general practitioner (GP) within five days of admission. All long-term files reviewed evidenced at least three-monthly nurse practitioner reviews. The GP visits twice a week for routine resident reviews and is available after hours and for acute issues that arise. The GP was very complimentary of the care residents receive and positively commented around the care staff interacting and having discussions with residents. The GP interviewed was very satisfied with the care and commented “it is a fantastic place for residents to stay”.</p> <p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Individual input is also gathered to identify residents pae ora outcomes in their care plans. The eCase care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident centred. Interventions documented support needs and provided detail to guide care. Residents and relatives interviewed stated that they were involved in the care planning process. The care staff interviewed advised that the care plans were easy to follow.</p> <p>There was evidence of service integration with documented input from a range of specialist care professionals. Allied health interventions were documented for visits and consultations. A physiotherapist is contracted weekly, and there is a physio assistant employed who carries out the plans set by the physiotherapist. The podiatrist visits six-weekly. Referrals to the organisational dietitian are made as required. The GP completes referrals to medical specialists. When a resident’s condition changes the RN initiates a consultation with the GP. Registered nurses interviewed stated that they notify family members about any changes in their relative’s health status.</p> <p>Residents with disabilities are supported to make decisions around</p>
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		<p>care. Furniture in resident rooms is rearranged to make more space for wheelchairs. Resident doors have an extra 'half' door to accommodate equipment.</p> <p>Electronic wound assessment, wound management plans and wound evaluations are in place for all wounds. Wound monitoring occurs as planned. There are currently nine residents with wounds (one chronic ulcer, and eight skin tears). There is currently one resident with a resolving stage II pressure injury which was facility acquired. There has been GP review of the pressure injury. Photos are taken of all wounds to identify progression or deterioration of the wound. The RNs interviewed stated they have access to the continence specialist when required. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and personal protective equipment.</p> <p>A suite of electronic monitoring forms is available to be utilised as required including, (but not limited to): weight, vital signs, wounds, behaviour, food and fluid chart, social activity, and neurological observations. Monitoring forms were maintained as instructed by the care plan. Neurological observations have been completed appropriately following all unwitnessed falls.</p> <p>All plans reviewed (except for the recent admission) had been evaluated by the RN six-monthly or when changes to care occurred. Care plans had been updated with any changes to health and care. Care plan reviews are recorded on electronic case conference forms which evidence resident and relatives input as well as members of the multidisciplinary team where required. Evidence of residents' progression towards meeting goals is reviewed and documented.</p> <p>The RNs complete a verbal handover between each shift, then a handover is held with the caregivers. Electronic progress notes are written daily by caregivers, these are detailed and provide an overview of each resident over the shift. There was good evidence of follow up by the registered nurses of any concerns, incidents, or changes in resident condition. The GP notes evidence review of any</p>
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		changes in resident condition reported by the RNs.
<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 wellness team is made up of a wellness leader, a diversional therapist, and an activities coordinator. Caregivers also participate in the delivery of activities in line with the 'living well' model of care. The wellness leader and the activities staff meet with the residents to identify their likes and interests when they come into the lodge and continue to build their understanding of specific needs and requests. The service has increased the staffing resources in the team to ensure that all levels of care have dedicated support to ensure they remain stimulated and engaged in the attitude of living well. There is a monthly meeting that helps to bring everyone together with their ideas and opportunities to engage with all our residents in a meaningful way.</p> <p>Activities are planned with the four wellness pillars (moving well, engaging well, eating well, and resting well) in mind.</p> <p>Organised activities take place between Monday to Friday, with a range of activities on offer. There are physical activities to help strengthen and balance (two different streams, ones for mobile residents and ones for seated participants). One wellness partner is identified as the moving well champion, supporting the physio with ongoing resident exercises programmes outside of clinic days.</p> <p>Regular activities include bingo, group games, entertainment, weekly church services of all denominations, outings, quizzes, and shopping. There are movie nights every second Saturday evening with popcorn, ice cream and refreshments. The wellness team have introduced pottery, to help residents with arthritis. Wax hand therapy is also a well-attended session across the lodge with serviced apartment residents joining the care centre residents for a spot of indulgence and pampering. The service recently purchased some planter boxes so the residents can help plant herbs and use them in the kitchen to garnish their meals and add fresh flavours and textures.</p> <p>The monthly planner is posted on all noticeboards throughout the facility. The wellness leader completed all residents' leisure plans</p>

		<p>within the electronic care plans and reviews these at least six-monthly or where there have been changes.</p> <p>Community engagement is supported by van outings to places of interest, and trips to the movies. Inter-facility gatherings are starting to be organised post Covid. The wellness leader is making connections with a sports team so residents interested in the sport can attend to watch games. There are van outings to visit the museum and interesting events that are on throughout the year and also walking groups for residents' to safely mobilise outdoors. There are regular volunteers that come in weekly and support residents to enjoy a hand massage as well as a nail trip or manicure which is very popular. The service welcomes pets to the lodge.</p> <p>The zoom presentations by the stroke foundation still occur on a regular basis. Residents from Waikanae Lodge have presented their own recovery stories around their rehabilitation following a stroke. There are regular stroke foundation meetings specifically for men held in the community, a group of residents from Waikanae Lodge attend.</p> <p>There has been a real focus by the wellness team to promote resident led activities within the facility, these include a resident led quiz, discussions around what activities they would like to see in the planner, and activities they would like to attend in the community. There is an increased interaction between residents from the serviced apartments and the care centre, with one resident from the serviced apartment taking some residents from the care centre to the movies for the afternoon. There are three residents who meet, greet, and offer support for residents who are new to the facility. Residents take turns to 'thank' the entertainers on behalf of the residents and facility. There is a coffee club and card games each week which are led by residents.</p> <p>The service has recently set aside a sensory room and made this available for all residents and staff. The room has been darkened and has soft lighting, therapeutic soft music playing in the background and aromatherapy humidifiers. There is a bed to rest on with a weighted blanket, which both residents and staff enjoy. The staff report using</p>
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		<p>the room for residents who are distressed, unsettled and prone to challenging behaviours. The staff report the room has had a positive effect on residents who are in distress or feeling low in mood.</p> <p>The wellness team are in discussions with the school kapa haka group to provide a cultural component back into the activities programme post Covid. On Matariki Day, the residents enjoyed a zoom presentation held by Auckland University around the meaning of Matariki.</p> <p>There are several celebrations held throughout the year including the Queens jubilee, Mother's Day, Father's Day, resident's birthday, Easter, and Christmas. Staff from various ethnicities are employed at Waikanae, who showcase their cultural traditions.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are appropriately stored in the medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. One resident was self-medicating medications on the days of the audit. A self-medication assessment was in place which had been</p>

		<p>authorised by the GP. The medication was stored securely in the resident's room, and the resident completes a signing sheet which is checked daily by the RN.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on-site.</p> <p>There was documented evidence in the resident files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described how they would work in partnership with Māori residents and 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>	<p>FA</p>	<p>The kitchen manager (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on-site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The service described how they would incorporate Māori residents' cultural values and beliefs into menu development and food service provision when they had residents that identified as Maori. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses. The kitchen manager is available to residents and was often seen chatting with residents during the audit. The kitchen manager has interviewed all residents individually to gain information around their preferences, likes and dislikes and suggestions for the menu.</p> <p>The kitchen manager was knowledgeable around the eating well pillar. The menu has been developed with a weekly resident choice where residents choose their favourite meal they would like to see on the menu, which is put to a vote and included in the menu. Another favourite with residents is the residents favourite recipes.</p> <p>The kitchen is able to meet the needs of residents who require special</p>

		<p>diets, and the kitchen manager works closely with the registered nurses on duty. The service provides pureed foods to those residents requiring this modification. Lip plates and other specialised utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally and is adjacent to the main dining room. Meals are transported to the second dining room and are served from the bain-marie. Meals are served from the kitchen to the main dining room.</p> <p>There is a food control plan expiring June 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident surveys, one to one interaction with kitchen staff, and resident meetings allows the opportunity for resident feedback on the meals and food services generally. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</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 are coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved with transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</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 building holds a current warrant of fitness which expires 30 November 2022. The maintenance manager works full-time and is on the health and safety committee. There is a maintenance request book for repair and maintenance requests located at the reception or staff can log maintenance issues on the electronic system. These are checked daily and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment, and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. Registered nurses and caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility has two levels with offices situated on the first floor and the care centre is all on the ground floor. There are a range of seating areas and communal spaces for residents and relatives to enjoy. There are two dining areas. One main dining room is adjacent to the kitchen and several residents from the rest home, hospital and apartments utilise this dining room. The second dining room is where residents who require more assistance and greater supervision with their meals. There is safe access to the courtyard and gardens where planter boxes have been placed so residents can grow herbs for their meals. All communal areas (internally and externally) are easily accessible for residents with mobility aids.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>All serviced apartments have full ensuites. There is sufficient space in all areas (including the serviced apartments) to allow care to be provided and for the safe use of mobility equipment.</p> <p>Some resident rooms have full ensuites and others have shared or</p>
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		<p>private toilets. All rooms have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas and corridors. On the days of the audit, it was noted that the facility was maintained at a warm comfortable temperature. There are no plans for re-development, however the village manager and the national quality manager interviewed reports Arvida would be open to seeking advice and input from Māori representatives to ensure Māori aspirations are included.</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, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in identifiable locations. In the event of a power outage, gas cooking is available. The facility is considering the purchase of a diesel generator. There are adequate supplies in the event of a civil defence emergency including a 10,000-litre tank of water and additional water stores held inside the facility. Emergency management is included in staff orientation and external contractor orientation. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Sensor mats are available in resident rooms to alert staff to residents who are at risk of falling.</p>

		<p>Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There are over 15 security cameras installed, both indoors and outside.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>There is an organisational Infection Prevention and Antimicrobial Stewardship Programme, known as the Infection Prevention Programme, and is supported at the executive level within the Arvida Group. The infection control programme is reviewed on an annual basis and the updated draft forwarded to all villages/care communities for consult and comment, before being finalised.</p> <p>Data is benchmarked both nationally and within the Arvida organisation monthly at the Arvida support office, then results are emailed to villages, to support their quality programme. Representatives can input into the Infection Control Steering Group. Data is regularly presented to the directors, identifying any trends and actions. All outbreaks are reported to the Arvida support office. There are clear guidelines of reporting detailed in the infection control policy. The clinical manager is the infection control coordinator, a job description is on file detailing the role and responsibilities which includes responsibilities around antimicrobial stewardship. The infection control coordinator described close links with the DHB infection control specialist, the public health team, online resources, and the support from the Arvida support office.</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</p>	FA	<p>There is a suite of infection control policies in a comprehensive document which includes, (but is not limited to): the role of the infection control coordinator, the role of the infection control committee, accessing support, education requirements, outbreak management and a suite of associated policies including handwashing, use of personal protective equipment (PPE), and single use items. The infection control committee at Waikanae Lodge includes the heads of departments from all areas of the facility. Infection control committee meeting minutes and graphs/trends are</p>

<p>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>available on the infection control board in the staff room. Infection control is a set agenda item on the staff/quality meetings.</p> <p>There is an infection control steering group which is comprised of representatives from several care communities, who meet monthly, to support all villages in infection control matters and pandemic planning. There is a pandemic plan in place at both an organisational and local level. There were adequate supplies of personal protective equipment sighted. Staff interviewed were knowledgeable around reporting of infections and outbreak management. Outbreak kits are readily available throughout the facility.</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 is included in the annual training plan. Staff complete handwashing competencies. Support and physical and learning resources are made available by the Arvida Support Office as and when required. Resident education occurs as part of the daily cares. Risk alerts on the electronic resident system identify individual resident risk is appropriate to their needs and this is documented in their medical records. The infection control coordinator has completed online infection control training and plans to attend the infection control conference (which has been cancelled due to covid19). All staff interviewed could easily describe practicing infection control in a culturally safe manner.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Each resident has their own individual sling for hoists. All single use items such as wound care packs are disposed of appropriately after use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. The clinical manager is involved on the procurement of equipment and would be involved in the planning or refurbishment of the facility if the need arises.</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 infection control policy includes clear guidelines around antimicrobial stewardship programme. The infection control coordinator works closely with the GP to ensure that antibiotics are prescribed only as required, and the correct antibiotic is prescribed to treat the specific infection to reduce the increase of medication resistance. Overall, the infection rates remain low for Waikanae Lodge and against the national benchmarking data.</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>The wellness &amp; 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 &amp; Care Team, before being emailed to Villages, to support their quality programme. This data is reported to the Board monthly, identifying any trends and actions.</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on standard definition of signs and symptoms of infections. Surveillance of all infections is entered into the monthly online infection control register. This data is monitored and evaluated monthly for trends and analysed for opportunities for improvements. Analysis of infections and corrective actions are discussed at the infection control committee meetings. Ethnicity data is not currently included in infection control data collation.</p> <p>There have been two outbreaks (one gastroenteritis and one Covid-19) since the previous audit. Infection logs were maintained and the public health team and Arvida support office were notified in a timely manner.</p> <p>All visitors and contractors to the facility complete an electronic health declaration on entry to the facility. All staff, visitors and contractors are</p>

		required to wear masks. Hand sanitisers are placed around the facility.
<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 antimicrobial resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons, and masks are available for staff as required. There are sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemical supplies.</p> <p>All laundry and cleaning are done on-site at Waikanae Country Lodge. There are dedicated laundry and housekeeping staff employed seven days a week. The laundry is divided into "dirty" and "clean" areas with an entry and exit door. The washing machines and dryers are checked and serviced regularly. Personal protective equipment is available. All chemicals are closed system, and data safety information is available.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes.</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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint-free. Restraint policies have been updated to meet requirements of Ngā Paerewa Health and Disability Services Standards NZS 8134:2021.</p> <p>The facility, led by the village manager, clinical coordinator, and restraint coordinator/ clinical manager are committed to providing</p>

<p>restraint in the context of aiming for elimination.</p>		<p>services to residents without use of restraint. The use of restraint (if any) would be reported in the quality/staff monthly meetings. This information would also be included in the report to the Board. The restraint coordinator described the facility's focus and strategies on continuing to maintain a restraint-free environment.</p> <p>Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.