

The Wood Lifecare (2007) Limited - The Wood Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: The Wood Lifecare (2007) Limited

Premises audited: The Wood Lifecare

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

Dates of audit: Start date: 16 August 2022 End date: 17 August 2022

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 74



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Arvida The Wood provides hospital (geriatric and medical) and rest home care for up to 112 residents across 30 rest home beds, 46 hospital level beds (including 12 dual-purpose beds) and 36 serviced apartments certified to provide rest home level care. At the time of the audit there were 74 residents in total.

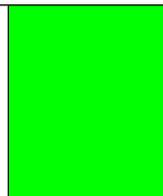
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the Te Whatu Ora - Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews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

The village manager is appropriately qualified and experienced and is supported by a newly appointed clinical manager. There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no findings as a result of this audit.

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.



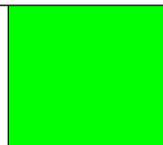
Subsections applicable to this service fully attained.

Arvida The Wood 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.

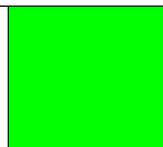
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing rationale 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.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general or nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior wellness partners are responsible for administration of medicines. They complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general or nurse practitioner. The wellness activities champions provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available. The service has a current food control plan. Planned exits, discharges or transfers were coordinated.

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

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

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. There are a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant

personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, there were four residents using restraints. The appropriate documentation and consent have been completed where required. Restraint is only used as a last resort when all other options have been explored. Staff receive education in restraint minimisation and challenging behaviour. Restraints are discussed at staff meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	166	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<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 for the cultural training programmes for the Board, managers, and staff. Work is underway to develop partnerships with additional local Māori stakeholders. Arvida The Wood is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whanau and evidence are documented in the resident</p>

		<p>care plan.</p> <p>The village manager stated they are open to employing more Māori staff members when they do apply for employment opportunities at The Wood. At the time of the audit there were Māori staff.</p> <p>Goals in the facility business plan include commitment to improve labour market outcomes for Māori. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The Village Manager described an established relationship with the Māori community.</p> <p>The service currently has no residents that identify as Māori. The service supports increasing Māori capacity. 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. Twenty-two staff interviewed; 10 caregivers (called wellness partners), two clinical coordinators, two registered nurses (RNs), one activities coordinator (wellness leader), one kitchen manager, one kitchen assistant, one diversional therapist, one wellness leader, one administrator, one maintenance coordinator and one Health & Safety coordinator 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</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. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>Resident's whānau are encouraged to be involved in all aspects of</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. 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. There are staff that identify as Pasifika. The village manager described how The Wood increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with six residents (five rest home and one hospital) and three relatives (two rest home and one hospital) identified that staff put residents, family/whānau and the community 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</p>

		<p>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 in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs 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 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 December 2021 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</p>

		<p>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 & non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse 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.</p> <p>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</p>

		<p>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 no Māori residents at the time of the audit.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Bi-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</p>

		<p>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 village 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>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Nine electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity was on file.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of</p>

		<p>discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around code of rights, informed consent and EPOAs in October 2021.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents cultural identity when planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain 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 family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically on eCase. 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>Four complaints were lodged in 2021 and six complaints have been lodged in 2022 (year-to-date). There were no complaints from external agencies. Complaints logged include an investigation, root cause analysis, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the activity's coordinator (wellness leader) with the village manager present during a portion of the meeting. Family/whānau confirmed during interview the village manager is available to listen to concerns and acts promptly on issues raised.</p> <p>Residents/family/whānau making a complaint can involve an</p>

		<p>independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and clinical coordinator acknowledged their understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>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>The Wood Lifecare is owned and operated by the Arvida Group. The service provides care for up to 112 residents across 30 rest home beds, 46 hospital level beds (including 12 dual-purpose beds) and 36 serviced apartments certified to provide rest home level care. At the time of the audit there were 74 residents in total, 31 rest home residents (five in the hospital wing) including two residents on a Long-Term Support- Chronic Health Conditions (LTS-CHC) contract, one resident on a mental health contract, and one resident on respite, 33 hospital residents including one resident on an LTS-CHC contract, two residents on younger persons with disabilities (YPD) contracts, and one resident on an ACC contract. There were 10 rest home residents in the serviced apartments. All other residents were admitted under the age-related residential care (ARRC) contract.</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 from each aged care facility, including, (but not limited to): clinical indicator data, restraint 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</p>

		<p>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 & 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 village manager has been working at The Wood Lifecare for four years, 3 years as the clinical manager and one year in the village manager role. She is supported by a clinical manager; the role was vacant at the time of the audit however the hospital clinical coordinator had been appointed in the role and was due to start on 29 August 2022. The management team are supported on site by two clinical coordinators, experienced wellness staff and household staff. The village manager reports to the head of wellness operations and well NZ injury complaints manager on a variety of operational issues and provides a monthly report. The national quality manager and village manager were interviewed.</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 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</p>
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		meetings.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Arvida The Wood has effective quality and risk management programmes in place. 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). 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>Monthly village quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality notice board, located in the staff room and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family satisfaction surveys (completed in December 2021) were positive. Results were communicated to staff and residents/families, evidenced in meeting minutes. Corrective actions to address lower scores include first impressions, activities, and food/dining. All areas of care evidence high levels of satisfaction.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. 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</p>

	<p>meeting and feeds back data, trends and learning to The Wood 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 four hours a week. 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, 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 RN. 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 national quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been thirteen section 31 notifications completed to notify HealthCERT in 2021 and 2022 year to date including seven related to RN sickness/unavailability (all in 2022), five pressure injuries (four in 2021 and one in 2022), one resident sudden death in 2021 and one resident ingestion of chemical disinfectant in 2021. There has been one Covid-19 outbreak and a gastro outbreak in 2022 and one</p>
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		<p>norovirus outbreak in 2021.</p> <p>Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori.</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>	<p>FA</p>	<p>The Wood Lifecare policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 107 staff in various roles including casual staff. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager confirmed the service uses agency staff when available however own staff cover the available shifts to provide sufficient cover. The village manager and clinical manager (role was vacant at the time of the audit) work 40 hours per week from Monday to Friday.</p> <p>The village manager (who is a RN) is available on call after hours. In addition to the village manager, there are two clinical coordinators (one for the rest home and hospital). There is at least one RN on at any one time. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>In the hospital wing there were 46 beds (12 dual purpose). There were 38 residents in total, 33 hospital residents and five rest home residents.</p> <p>There is one clinical coordinator who is supported by one RN on duty on the morning shift (7.00am-3.30pm), one RN on the afternoon shift (3.15pm-11.30pm) and one RN on night shift (10.45pm-7.15pm).</p> <p>They are supported by ten caregivers on the morning shift (five from 7.00am-3.30pm, four from 7.00am-1.30pm and one from 8.00am-2.30pm), eight caregivers on the afternoon shift a (four from 3.15pm-11.30pm and four from 4.00pm-9.00pm) and two caregivers on the night shift (10.45pm-7.15pm).</p> <p>In the rest home wing there were 30 beds. There were 26 rest home</p>

		<p>residents in total.</p> <p>There is one clinical coordinator or RN on duty on the morning shift (7.00am-3.30pm) and one RN on the afternoon shift (3.15pm-11.30pm). The RN from the Hospital wing covers the night shift.</p> <p>They are supported five caregivers on the morning shift (two from 7.00am-3.30pm and three from 7.00am-1.30pm), five caregivers on the afternoon shift (three from 3.15pm-11.30pm and two from 4.15pm-9.15pm) and two caregivers on the night shift (10.45pm-7.15pm).</p> <p>In the 36 serviced apartments certified to provide rest home level care. There were 10 rest home residents in total.</p> <p>There is one caregiver on duty on the morning shift (7.00am-3.30pm) and one caregiver on duty on the afternoon shift (4.45pm-9.15pm). The rest home caregivers supervise the rest home level care residents in serviced apartments after 9.15pm.</p> <p>Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner.</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 (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</p>
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		<p>Zealand Qualification Authority (NZQA) qualification. There are 59 caregivers employed in total. Arvida The Wood supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Thirty-nine caregivers achieved either a level two, three or level four NZQA qualification.</p> <p>Thirteen RNs are employed (including two clinical coordinators and one enrolled nurse), seven 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 secure. Eleven staff files reviewed (two clinical coordinators, five caregivers, one RN, one wellness leader, one kitchen manager and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed; a three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p>

		<p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.</p>
<p>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. 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 the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>

<p>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>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process. The clinical manager is a board member of a Māori health professionals' group.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process (eCase) to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The analysis is completed by Arvida Group office.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed, four rest home (including one respite, one on a mental health contract and one resident in a studio apartment) and five hospitals (including one young person with a disability (YPD), one long term support- chronic health contract (LTS-CHC) and one on Accident Compensation Corporation contract (ACC). Registered nurses (RN) are responsible for conducting all assessments and develop the care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. Care plans are holistic in nature and reflect a person-centred model of care.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments form the basis of the care plans and address any triggers, corrective action plans (CAPs), and scores from the interRAI. All resident files (except</p>

		<p>those files not under the aged related residential care contract) had an interRAI assessments completed, all other files had a suite of assessments completed to form the basis of the long-term care plan or interim care plan (respite).</p> <p>Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the person (family also have input). Their specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. The goals are evaluated at six monthly and the degree of outcomes/achievement are documented.</p> <p>The long-term care plan includes sections on mobility and transfers, medication, pain, skin care, oral and dental health personal hygiene, activities of daily living, sleep, leisure, continence, nutrition, communication and comprehension, behaviours, cultural, spiritual, sexuality and social needs. The care plan aligns with the service's model of living well. Challenging behaviour is assessed when this occurs. Cultural assessment details are weaved through all sections of the care plan.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident three monthly. There are eight GPs from the same medical centre providing services at Arvida the Wood. The GP (interviewed) visits twice weekly. The GP is on call after hours till 10 pm and for 10pm to 8am the Medical and Injury Centre (MIC) Nelson. The clinical manager is also available for after- hours calls and advice. When interviewed, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health and specialist interventions were documented and integrated into care plans (ophthalmologist, vascular services, podiatry, dietitian, speech and language therapist, psychiatrist, psychologist, renal specialist, and pain clinic). The service has contracted a physiotherapist for four hours a week and when required.</p>
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<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>FA</p>	<p>There is a team three wellness partners that lead the activities (one is wellness activities leader and one a DT). Wellness partners also assist with activities as required. All have first aid certificates. The overall programme has integrated activities that are appropriate for all</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>		<p>residents. There is a planned programme Monday to Sunday for the rest home and hospital, some group activities are done together.</p> <p>The activities programme is supported by the `Attitude of Living Well` framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well.</p> <p>The activities are displayed in large print on all noticeboards and residents have copies in their rooms. They include exercises, Tai Chi, reading news, quizzes, board games, bingo, happy hour, mystery drives, pet therapy and arts and crafts. On the day of audit residents were participating in exercises and quizzes, enjoying a charity tea for Plunket. The programmes allow for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend to participate in activities or who choose not to be involved in group activities. There are plentiful resources. The facility subscribes to Netflix and movies are on Saturdays. There is a sensory room in the hospital.</p> <p>There are cultural events celebrated.</p> <p>There are regular van outings. Online church services are held weekly, and transport provided to the Cathedral. Prior to Covid there were also visiting kapa haka groups but as yet these have not recommenced. Residents are encouraged to maintain links to the community. One younger person explained how they are assisted to go to the swimming pool. Another younger person is assisted with a communication device and to maintain contact with whānau.</p> <p>The service will ensure their staff support Māori residents in meeting their health needs and aspirations in the community. Te Reo is encouraged through the use of Māori words. Māori language week and Matariki is part of the activities calendar.</p> <p>There are seating areas where quieter activities can occur. There is a hairdressing salon and library.</p>
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		<p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile include `About me` and `life history` that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through monthly resident meetings, community wellbeing meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. The survey completed in December 2021 showed 74% satisfaction rate with the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. RN's and medication competent wellness partners give medications. They all complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were two residents (rest home) self-medicating on the days of audit. Appropriate consent and assessment were completed, medication is stored in a locked drawer. There are no standing orders. There are no vaccines stored on site.</p> <p>There is one spacious treatment room in the hospital. Each resident has their own medication trolley that is locked away when not in use. The daily medication fridge temperatures and weekly room air temperature are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Eighteen medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p>

		<p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted as either regular doses or 'as required'. Over the counter medication and supplements are recorded on the medication chart. The clinical manager (also a Board member of a Māori health professional group) explained how appropriate support advice and treatment for Māori residents can be incorporated into medication management.</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>A kitchen manager oversees food services. All meals and baking are prepared and cooked on site. There is a second cook and a team of kitchen hands and kitchen assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Arvida dietitian (6 December 2021). The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies.</p> <p>The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the hospital kitchen via scan boxes to be served from the bain-marie. In the main dining room (rest home), the food is also served from a bain-marie directly to the residents. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There is a coffee and tea making area near the main dining room and a coffee machine. There are also snacks and fruit platters available.</p> <p>The food control plan is verified 5 June 2021. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when</p>

		<p>required. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals including `boil up`. Residents are offered choices at each meal. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Wellness partners interviewed had a good understanding of tikanga related to 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 were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the 'yellow envelope' system. The residents and their families were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP notes, summary of the care plan, resident's profile including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and 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</p>	FA	<p>The building holds a current warrant of fitness which expires 4 August 2023. There is a maintenance coordinator who works 40 hours a week. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida Group office but is adjusted to meet The Wood's needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical</p>

<p>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>equipment were completed in August 2022. Annual checking and calibration of medical equipment, hoists and scales was completed. There is a gardener that provide landscaping and gardening services.</p> <p>There is a main reception area with the offices, a library, big lounge and hair salon, main lounge, and main dining room (rest home). The hospital has a separate entrance (not used during Covid), main dining room and lounge. There are smaller lounges located through the facility.</p> <p>Care centre: There are 30 rooms in the rest home (Rata, Matai, Manuka, Pohutukawa- some studio rooms) and 46 rooms (Totara, Rimu, Kowhai, Kauri) in the hospital including 12 dual purpose rooms. Each area with their own nurse's station.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. There are internal and external courtyards with seating and shade available.</p> <p>All rooms are single occupancy with full ensuite facilities except for six in the rest home (with only toilet and basin). The communal showers have privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There are two sluice rooms with a sanitizer, stainless steel bench and separate handwashing facilities in each care area.</p>
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		<p>Serviced Apartments</p> <p>The apartments are a mixture of studios (18) and apartments (18) located within the care centre, situated near the rest home nurses station. Rooms are spacious with ensuite facilities to provide care for residents. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>The corridors are wide, with handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Upstairs apartments opened up to a safe balcony with seating and shade. There are two lifts to the upstairs apartments and stairs available for easy access.</p> <p>There is safe access to all communal areas and internal courtyards. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home</p> <p>The apartments upstairs have their own servery kitchen with a bain-marie. There is a large lounge adjacent to the dining room and smaller reading lounge near the lift.</p> <p>The apartments also have personal laundry facilities.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat pumps and ceiling heaters. Temperature can be controlled in the rooms.</p> <p>The facility has designated external smoking areas, but smoking is discouraged.</p> <p>There had been no new additions or redevelopment completed or planned at the time of the audit. The village manager stated the service will consider how designs and environments reflect the aspirations and identity of Māori, for any new building construction in</p>
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		the future. This is driven by the Arvida Group office.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (4 February 1999). A fire evacuation drill is repeated six-monthly, and one was held 9 June 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are in a large cupboard in the basement, and these are checked by an external contractor. There is emergency lighting but no generator on site. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, apartments and ensuites, communal toilets, lifts, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. One resident in the serviced apartment confirmed their call bells are answered in a timely manner.</p> <p>The building is secure after hours and there is a security patrol at night. There is security lighting installed outside. Currently, under Covid restrictions visitors are asked to sign in, complete a health declaration and a rapid antigen tests (RAT) and wear a mask at all times.</p>
Subsection 5.1: Governance	FA	A registered nurse (hospital) oversees infection control and prevention across the service. The job description outlines the responsibility of

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>the role. There is a facility infection control team. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control (IC) is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. There is an IC steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at board meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Arvida head office and Te Whatu Ora – Health New Zealand.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<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>	FA	<p>The clinical manager supports the designated infection control (IC) coordinator. During Covid-19 lockdown there were regular zoom meetings with Arvida support office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed Altura education. There is good external support from the GP, laboratory, Arvida Group head office and the Te Whatu Ora infection control nurse specialist. There is ample personal protective equipment. Extra PPE equipment is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and is working towards incorporating monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service is working incorporating te reo information around infection control for Māori residents and encourage culturally safe practices that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise HAI. The Arvida IC specialist is involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the clinical</p>
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		manager, village manager and Arvida Group. The Arvida Group IC specialist provides consultation during the design of any new building or when significant changes are proposed to an existing facility. At Arvida The Woods there are no changes proposed for the new future.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings as well as Arvida Group office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from Medimap.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Arvida head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods, ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and the local Te Whatu Ora New Zealand for any community concerns. There has been one norovirus outbreak in August 2021, Covid-19 in April 2022, a gastroenteritis outbreak in June 2022. At the</p>

		<p>time of the outbreaks, there was no ethnicity data captured in the paper- based outbreak log; however, ethnicity was later collated through the electronic resident management systems.</p> <p>There were ready made isolation kits and posters available to ensure consistency. All households were kept separate (in a bubble), and staff were kept to that bubble. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted</p> <p>The facility followed their pandemic plan, reported the outbreak to public health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on `lessons learned`.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in the rest home and the hospital. Each sluice room has a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is completed on site. There is a household supervisor who works full-time. There is a dirty area where laundry comes in and clean area where laundry comes out. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is a large linen store off the laundry and small linen cupboards in each area. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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. The restraint coordinator is the hospital clinical coordinator who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. At the time of the audit, four residents (one rest home and three hospital residents) were using a restraint (all bed rails).</p> <p>An interview with the restraint coordinator and national quality manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation. The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint was being considered in the facility.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. A completed assessment templates were sighted for the residents using restraint evidencing assessment, monitoring, evaluation and including</p>

<p>ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP/NP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Arvida policy. A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. All restraints are reviewed and evaluated as per Arvida policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation, including the resident's care plan and risk assessments, future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff including RNs and caregivers confirmed that the use of restraint is only used as a last resort.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.