

# Ashwood Park Lifecare (2012) Limited - Ashwood Park Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ashwood Park Lifecare (2012) Limited
<b>Premises audited:</b>	Ashwood Park Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 25 January 2023      End date: 26 January 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	117



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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 Ashwood Park is located in Blenheim. Arvida Ashwood Park provides hospital (geriatric and medical), rest home and dementia care for up to 156 residents. There were 117 residents on the days of audit. Arvida Group is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of residents at all levels of care.

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

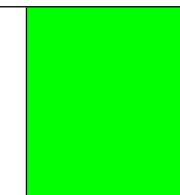
The service continues to make environmental improvements to include refurbishment of rooms.

Both village managers (non-clinical) are appropriately qualified and experienced in aged care. They are supported by an experienced team of clinical staff, including a facility nurse manager, four clinical managers and a team of registered nurses, an enrolled nurse and wellness partners.

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.

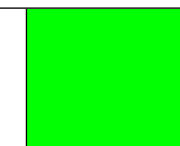
The certification audit meets the intent of the standard. The service is awarded a continuous improvement for working towards and maintaining a restraint-free environment.

## 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.
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Arvida Ashwood Park 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. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family 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.
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Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The two village managers supported by a facility nurse manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Ashwood Park has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Ashwood Park collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. 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 practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior wellness partners (caregivers) are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The wellness leaders (activity staff) 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 24 hours a day. 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.
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The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit and enclosed outdoor area is secure.

All bedrooms are single occupancy. There is a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, 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.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.


Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been seven Covid-19 outbreaks since the previous audit, and these have been managed well.



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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is governance commitment to minimise restraint use in their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, the facility was restraint free. The service has a commitment to maintain a restraint-free environment. Staff receive education in restraint minimisation and challenging behaviour. Clinical reviews of residents are completed to include alternatives strategies to restraint use and these are discussed with staff.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	162	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. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Arvida Ashwood Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan.</p> <p>The village managers stated that she supports increasing Māori capacity within the workforce and will interview Māori applicants when they do apply for employment opportunities at Arvida Ashwood Park. At the time of the audit there were Māori staff. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village manager described how at a local level they have progressed to establishing relationships with the Māori community, kaupapa Māori services (Te Piki Oranga) and at Te Whatu Ora – Nelson Marlborough. The service also has an affiliation with the local Māori iwi through two of their wellness partners (caregivers).</p>

		Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework which is still in development stage. Four stages have been identified for implementation and include: setting the foundations; develop commitment; deliver the action plan; and providing leadership.</p> <p>On admission all residents state their ethnicity. There are currently no residents in care that identify as Pasifika. Resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The clinical managers interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida Ashwood Park is working towards partnering with a Pacific organisation to collaborate with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pacific services information is available through He Hara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required. There are staff that identify as Pasifika. The village managers described how Arvida Ashwood Park increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with 22 staff (six registered nurses (RN), noting that three were clinical managers, nine wellness partners (caregivers) and four diversional therapists, one kitchen manager, one housekeeper and one maintenance manager), four managers (two village managers, one facility nurse manager and one quality manager) and documentation reviewed, identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their</p>

<p>and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>family. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly household meetings. Nine residents (five hospital and four rest home) and seven family/whānau (three hospital and four rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the My Rights During Service Delivery policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Wellness staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The Arvida Ashwood Park annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature, through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. The current survey questionnaire is now with</p>

		<p>residents and whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were no married couples at the time of the audit and no shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and discrimination policy is being implemented. Arvida Ashwood Park policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff interviewed stated that there was a positive workplace culture.</p>

		<p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Arvida model of care is based on the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.</p>
<p>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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy 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 progress notes. The electronic accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with families.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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 the hospice and Te Whatu Ora- Nelson Marlborough specialist services. There are two dietitians employed across Arvida to support nutritional consultation. The delivery of care includes a multidisciplinary team. Residents and family provide consent and are communicated with in regard to services involved.</p>

		<p>The clinical managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19, through emails, regular newsletters, and household meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or 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 in relation to informed consent. Informed consent processes were discussed with residents and families on admission. The 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 the resident or enduring power of attorney for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the 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 documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>An 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 general practitioner (GP) or nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the</p>



		<p>EPOA. Discussion with families identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the wellness partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care.</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 on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and on the electronic resident management system. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were 12 complaints logged for 2021, 9 complaints made in 2022 and no complaints have been received in 2023 year to date. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement/management and staff meetings (meeting minutes sighted). There have been no complaints received from external agencies.</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 (household) meetings are held monthly where concerns can be raised. Families confirmed during interview that the clinical managers and village managers are available to listen to concerns and acts promptly on issues raised. Residents or family making a complaint can involve an independent support person in the</p>

		<p>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 clinical managers acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ashwood is part of the Arvida Group. The service provides hospital, rest home and dementia level care for up to 121 residents and rest home level care for up to a further 35 residents in serviced apartments. There are 47 rest home beds, 48 hospital beds and 26 dementia beds. There are six dual purpose beds.</p> <p>At the time of the audit, there were 117 residents in total: 47 hospital level residents, including two younger persons with disabilities (YPD) contract and one resident on a palliative care contract. There were 49 rest home residents, including six rest home residents in the serviced apartments, two residents on respite care and two on a YPD contract. There were 21 residents in the 26-bed dementia unit. All other residents were admitted under the aged residential related care (ARRC) agreement.</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Terms of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (COO) and chief operational officer (COO) had all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including: a wellness and care team; general manager village services; procurement team; information and technology team; people and culture team; head of employment relations; and accounts personnel.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports through to</p>

	<p>the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of the Ngā Paerewa Services Standard. A separate Māori advisory group is developed to improve the outcomes that achieve equity for Māori. Arvida Group contracted a Māori consultant to support policy review, te reo, Te Tiriti and tikanga Māori training.</p> <p>Arvida Group have a quality assurance and risk management programme and an operational business plan. The annual business plan is specific to Arvida Ashwood Park and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>The working practices at Arvida Ashwood Park is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life. Staff are always respectful of the resident's preferences, expectations, and choices,</p>
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		<p>recognising that the resident and family must be at the heart of all decision making. It involves all staff in every village and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme, to support a resident centric environment.</p> <p>There are two village managers (spouses). One village manager looks after the operational and financial management and the other village manager covers the human resources (HR) management, property, and maintenance requirements. The village managers have previously managed aged care facilities for 13 years and owned Ashwood Park prior to the purchase by Arvida Group. The village managers are supported by a facility nurse manager. The facility nurse manager has been in the role for 16 months. She is supported by four clinical managers (two hospital, one rest home and one dementia care), who are all qualified and experienced for the roles. Additionally, the management team includes a quality manager who is also the education coordinator and wellness leader.</p> <p>The village managers' report to the Arvida senior management team on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The village managers and facility nurse manager have completed in excess of eight hours of professional development in the past twelve months. The village managers attended a three-day Arvida village manager conference.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Arvida Ashwood Park is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement/management and health and safety meetings, bimonthly clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>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 noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. A Māori consultant supports the review of policies to provide a critical analysis to practice, improving health equity. New policies or changes to a policy are communicated to staff. Staff have completed a cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The resident and family satisfaction surveys has been completed with overall satisfaction. High levels of satisfaction were indicated for clinical care, safety/security, quality of communications, grounds, and cleaning. Corrective action plans have been implemented around food service, improving the quality/taste and variety/choice of resident meals. A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity</p>
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		<p>risk rating is identified, and immediate action is documented with any follow-up action(s) required, as evidenced in the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. Family is notified following incidents. The system escalates alerts to senior team members depending on the risk level. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and other aged care provider groups.</p> <p>Discussions with the village managers, facility nurse manager and quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in 2022, including six related to a missing resident, one police investigation, one sudden death (coroner's inquest) and pressure injuries. There have been seven Covid-19 outbreaks between March and November 2022.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Arvida Ashwood Park's 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 129 staff in various roles. Staffing rosters were sighted and there is staff on duty to match the needs of different shifts. The facility nurse manager works 40 hours per week, Monday to Friday. In addition, there are four unit-clinical managers (two hospital, one rest home and one dementia care). There are two clinical managers who share the on-call after-hours duties. There is at least one RN on at any one time. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents. The facility nurse manager supervises the care staff in the serviced apartments.</p> <p>There is an annual education and training schedule that has been completed for 2022 and being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training</p>

	<p>through Te Whatu Ora Nelson Marlborough, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities. Arvida Ashwood Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. There are 61 caregivers employed. Seven wellness partners have achieved level two, four wellness partners have completed level three and 42 wellness partners have achieved level four NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including (but not limited to) medication competency (including controlled drug management, insulin administration and syringe driver training), oxygen administration and interRAI. Eight of sixteen RNs are interRAI trained. All RNs are encouraged to attend in-service training and completed critical thinking and problem solving, infection prevention and control (including Covid- 19 preparedness), dementia, and delirium.</p> <p>All wellness partners are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), handwashing, and cultural competencies. A record of completion is maintained on an electronic register. There are 14 wellness partners allocated to the dementia unit; eight have completed the relevant required dementia standards and six are in progress of completing their dementia standards. All six commenced employment within the 18-month period. Residents' meetings (household) are held fortnightly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>Staff wellness is supported by Wellness New Zealand and an employee assistant programme (EAP) is available. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Twelve staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy implemented. All staff that had been in employment for more than 12 months had an annual appraisal completed, and a three-month appraisal. A development meeting occurs 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. There is 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 programme supports RNs and wellness partners to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. 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>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are</p>



		<p>documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a locked blue secure bin on site as well as a document shredder for immediate document destruction. Arvida has a contract with Iron Mountain for storage of archived files. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<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. Eleven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Families 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 facility nurse manager deals with all admission enquiries and is available to answer any questions regarding the admission process. The electronic wait list includes ethnicity data. The four clinical managers interviewed described how the service openly communicates with potential residents and family during the admission process.</p> <p>Declining entry would be if there were no beds available, the potential resident did not meet the admission criteria, or the service is managing bed numbers in order to maintain safe staffing ratios. 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; however, they do not currently perform analysis of same for the purposes of</p>

		<p>identifying entry and decline rates for Māori. This is a work in progress. The service has relationships with the Māori community, kaupapa Māori services including clinics, traditional practices and health hui or a Whānau Ora service, who are available to provide support to residents where required.</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>Eleven resident files were reviewed and included four rest home (including one respite and one from the serviced apartments), four hospital (including one younger person on a disability contract [YPD] and one on a palliative contract) and three dementia level of care. Registered nurses (RN) are responsible for conducting all assessments and developing the care plans. There is evidence of resident and family 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 the Arvida Living well model of care and gives tāngata whaikaha choice and control over their supports. There were no barriers to accessing information and services identified.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All resident files (except short-term respite) had an interRAI assessment completed, this included residents on the YPD and end of life contracts. Additionally, all files had a suite of assessments completed to form the basis of the long-term care plan or interim care plan (respite/interim care). InterRAI and risk assessment outcomes form the basis of the care plans. Assessments and care plans are completed within the required timeframes.</p> <p>Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in resident 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 six-monthly, and the degree of outcomes/achievement are documented.</p> <p>The long-term care plan includes aspects of daily living. Behaviours</p>

	<p>that challenge are assessed when these occur, and documentation include triggers and personal strategies. Cultural assessment details are weaved through all sections of the care plan. The diversional therapist (DT) completes a 24-hour leisure plan for all residents in the dementia unit, describing the resident's usual morning, afternoon, and night-time habits/routines. The Arvida dementia specialist assist with clinical reviews for the residents in the dementia unit and suggest alternative strategies and equip staff with skills to provide appropriate de-escalation strategies.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, family, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Te Ara Whakapiri is used to guide end of life care. The staff confirmed they understood the process to support residents and whānau.</p> <p>Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plan specialist services at Te Whatu Ora Nelson-Marlborough, including older persons mental health community team, podiatry, dietitian, and speech and language therapist.</p> <p>The resident on respite care had an interim care plan completed within 24 hours of admission and addresses cultural considerations, medical and physical needs. The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family relationships.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission and the GP reviews each resident at least three-monthly. The NP routinely visits every week as directed by the primary health organisation, which represents over 50 GP's who have residents at Ashwood Park. After-hours support is provided by an urgent care service and provides all out of hours cover. The NP interviewed was complimentary of the services provided at Ashwood Park and felt notifications were timely and appropriate. The four clinical managers and the facility nurse manager are also available for after-hours calls and advice. The</p>
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	<p>service has a contracted physiotherapist who visits once a month and is supported by two physiotherapy assistants who visit twice weekly. On interview, the physiotherapist was very complimentary about the service and in particular the staff encouragement of the residents' exercise programmes.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by wellness partners and RNs. In addition, the RN documents a detailed weekly review of each resident in the progress notes. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for the 24 residents with current wounds. These included seven stage II pressure injuries being treated (six facility, and one non-facility acquired). Input from the local Te Whatu Ora Nelson Marlborough wound nurse specialist is comprehensively documented, with prevention strategies and regular reviews documented in the care plan.</p> <p>Wellness partners and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls with or without head injuries. Incident reports reviewed evidenced timely follow up by a RN and opportunities to minimise risks were implemented.</p>
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		<p>Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan.</p> <p>There were residents who currently identify as Māori, and these had appropriate cultural supports and interventions detailed in their electronic care plans.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a team of five wellness leaders (four qualified diversional therapists) that lead the activities programme across the rest home, hospital, dementia unit and serviced apartments. Wellness partners also assist with activities as required. The overall programme has integrated activities that are appropriate for all residents. There is a planned programme Monday to Sunday for the rest home, hospital, and dementia and four days a week in the serviced apartments. Some group activities are combined across the levels of care. 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. 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; arts; and crafts. Some of the activities are led by residents.</p> <p>On the day of audit residents were participating in exercises and quizzes, entertainment, and bus outings. Staff and residents' welcome community visits from therapy dogs. There are seventeen active volunteers visiting the facility. Three chaplains are allocated to different areas that conduct various church services throughout the month.</p> <p>The programme allows 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. There are activity stations where resources (including puzzles, word games, crosswords, inhouse library) are freely available for residents, family, or staff to use.</p> <p>Activities that take place in the dementia unit include: yoga at dawn; sit dancing; creative club; movie afternoon; pamper time; music by an</p>

	<p>external entertainer; dress in yellow/Cancer Society Daffodil Day; news and view reading; music; and poetry. The activities programme meets the needs of the residents through engaging, reminiscing, encourage self-expression and to make them feel productive (for example linen folding). The residents were observed taking part in a number of activities on the day of audit.</p> <p>Rest home activities included: exercise; walking group and games (moving well); quiz questions; chit chat (thinking well); baking; bingo; and the social club meeting (wellness).</p> <p>Hospital activities include music and colouring therapy; external entertainers; exercise groups; baking; discussion groups; movies; and happy hour. One on one sessions are provided to residents who do not want to participate in group sessions. Destination of the van outings are initiated by the residents (including the museum, butterfly creek and guided walks).</p> <p>The YPD residents' programmes are individualised specific to the individuals' requests. Residents are encouraged to maintain links to the community. Community links include various clubs and visits to family/whānau. Rest home residents in the serviced apartments can choose to participate in the serviced apartment or rest home activities.</p> <p>The service ensures 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 and phrases and cultural champions assist with te reo pronunciation. Māori language week, Waitangi Day and Matariki is part of the activities calendar. Te ao Māori activities include spin poi dancing and exercise, ukulele group, flax weaving and the making of kākahu (Maori cloak). There are seating areas where quieter activities can occur. There is a hairdressing salon and library.</p> <p>There are cultural events celebrated, Matariki, Diwali and a high tea for the Queens funeral. There are regular van outings.</p> <p>The residents interviewed stated they enjoy attending the activities and enjoy contributing to the programme. A resident social profile includes 'About me' and 'life history' that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through bimonthly</p>
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		<p>resident meetings, monthly household meetings and resident surveys. The residents and family/whānau interviewed were happy with the variety of 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 three locked treatment rooms. Registered nurses, enrolled nurse and medication competent wellness partners administer medications. They all complete annual competencies and education. All medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were four residents self-administering medications on the days of audit. There are no standing orders in use, and no vaccines are stored on site.</p> <p>Each area has a medication/treatment room, where medication trollies are locked away when not in use. The daily medication fridge temperatures and weekly room air temperatures are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. Medications are delivered from the pharmacy fortnightly, signed in by two staff (including a registered nurse), and these are routinely checked. Twenty-two electronic medication charts were reviewed and found to meet prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP or NP had reviewed the medication charts three-monthly, with evidence of discussion and consultation with residents taking place during these reviews, if additions or changes were made. Three-monthly medication reviews in the dementia unit identified a review for the need to continue the use of antipsychotics. Antipsychotic medication use is benchmarked across the Arvida facilities.</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 either regular doses or as required. Over the counter medication and supplements are recorded on the medication chart. The clinical managers and</p>

		<p>registered nurses interviewed could explain how appropriate support, advice, and treatment for Māori residents is 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 qualified chef is the kitchen manager who oversees food services. All meals and baking are prepared and cooked on site. There is a second chef and a team of catering and kitchen assistants. The food service is managed by Compass Group. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Compass Group dietitian (January 2022). 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 trollies to be served from the bain-marie by wellness partners. In each dining room, the food is also served from a bain-marie directly to the residents by the chef. Residents may choose to have their meals in their rooms. Food going to rooms on trays are covered to keep the food warm. There is a coffee and tea making area available in the kitchenette in each unit for residents and family to use. There are also snacks and fruit platters available 24 hours a day.</p> <p>There is a current food control plan in place and expires on 10 November 2023. 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 required. Resident preferences are considered when menus are reviewed. The kitchen manager stated they provided cultural meals on request and this included 'boil up', whitebait, the seaweed karengo,</p>



		<p>huhu grubs and pikopiko. Residents are offered choices at each meal. Resident surveys are completed annually.</p> <p>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 experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Wellness partners interviewed had a good understanding of tikanga guidelines 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 families 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' transfer documentation system. The residents and their families were involved for all exits or discharges to and from the service. Residents and their family are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, and 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 we deliver services to can move independently and freely</p>	FA	<p>The building holds a current warrant of fitness which expires 1 July 2023. There are two maintenance people on site seven days 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 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 Ashwood Park needs. Essential contractors such as plumbers and electricians are available as required. Electrical equipment and calibration checks occurred in</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>December 2022. Other medical equipment checks were completed September 2022. There are two full-time gardeners. Wellness partners interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care.</p> <p>There are two entrances with own reception areas to the facility. One for the rest home and serviced apartments and one for the hospital and dementia unit. The environment is welcome, homely, spaces for family/whānau and has décor and art reflective of peoples' cultures and supports cultural practices.</p> <p>The rest home unit consists of 47 beds across Lavender, Rose and Palms wings. Lavender and Rose wings have spacious rooms that are single occupancy. Rooms have full ensuite shower facilities. There is sufficient space in toilet and shower areas, doors are wide to accommodate shower chairs and commodes. Some rooms in the Palms wing have single occupancy rooms, each with a toilet and basin. There are two communal showers with privacy locks and privacy curtains. There are six dual purpose rooms scattered across the three wings.</p> <p>The hospital unit consists of Kowhai and Harmony wing. All 48 rooms are single occupancy with full ensuites. These rooms have a footprint size of studio rooms. There is sufficient space in the rooms, toilet, and shower areas to accommodate shower chairs, transfer equipment, hoists, and commodes. A centrally located nurse's station oversees the dining room and lounge for ease of supervision.</p> <p>The Dementia unit (oaks) is secure and has 26 single rooms with full ensuite facilities. There is sufficient space in the rooms, toilet, and shower areas to accommodate shower chairs, and commodes. A nurses station oversee the dining room and lounge for ease of supervision. Residents can freely mobilise in the secure dementia unit. The communal areas have a safe indoor-outdoor flow to the outdoor seating and shade area. Rooms are personalised with personalised doors. The dementia unit has a secure garden with a high fence. There are shrubs in front of the fence to distract the residents. There is a continuous outdoor looped pathway for purposeful walking. There is a quiet space for residents that need less stimulation.</p> <p>There are 35 serviced apartments situated across the ground floor and</p>
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	<p>first floor. All rooms are certified to provide rest home care. There is lift access between the floor and two stairways. The lift is spacious to provide for ambulance transfer equipment.</p> <p>Fixtures, fittings, and flooring are appropriate. There are handrails within the shower and at the toilet to assist with mobility. Toilet/shower facilities are easy to clean. There are visitors' toilets near the reception areas and disability access toilets near the dining room and lounges. There are flowing soap and hand towels available.</p> <p>Each of the units have a main dining room, kitchenette, and lounge. There are smaller lounges located throughout the facility. The hairdresser is situated near the reception area. Each area has their own nurse's station and treatment/medication room. Nurses' stations are situated centrally to ease supervision.</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 within the rooms for the use of a hoist for resident transfers and cares as required. Wellness partners 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 garden courtyards with seating and shade available.</p> <p>There is safe access to all communal areas and internal courtyards. All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat panels and central heating. Temperature can be individually controlled in the rooms.</p> <p>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 the future. This is driven by the Arvida Group support office.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was held for the serviced apartments. Fire training is held annually. 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 and these are checked by staff.</p> <p>There is emergency lighting and a BBQ for cooking. 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 and it is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells within the dementia unit are connected to sensor mats. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The dementia unit is secure with keypad entry. The building is secure after hours and a security firm conducted security checks at night. The automatic doors at reception close at a set time. Currently visitors are asked to sign in and wear a mask at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Arvida's strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Arvida support office, a microbiologist, Public Health, and Te</p>

<p>of IP and AMS programme governance. 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>Whatu Ora Nelson Marlborough. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets three-monthly. Infection rates are presented and discussed at quality improvement management meetings, household meetings and combined staff meetings. The data is also benchmarked with other Arvida facilities. The Arvida Group benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control officer, the senior management team, the GP or NP, and the Public Health team. There is a documented pathway for reporting infection control and AMS issues to the Arvida Board. The Arvida executive team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Arvida support office, in consultation with the infection control coordinators.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse (facility nurse manager) oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online MOH infection training and online Altura education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, microbiologist, and Te Whatu Ora Nelson Marlborough.</p> <p>During Covid-19 lockdown and outbreak periods, there were regular zoom meetings with Arvida support office, which provided a forum for discussion and support. The service has a robust pandemic plan which includes the Covid-19 response plan. The Covid-19 response plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample</p>

	<p>personal protective equipment, and these are regularly checked against expiry dates. The infection control coordinators are involved in the procurement of good quality consumables, including wound products and PPE.</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. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The organisation is working towards including this in the internal audit tools. The internal audit schedule includes regular infection control and environmental audits. The service is working with their cultural champions to ensure te reo information around infection control for Māori residents is available. There is a Māori advisor that assists the organisation with culturally safe practice. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control, that acknowledge the spirit of Te Tiriti. The Arvida Group lead for special projects in consultation with the Māori advisor, include the infection control coordinators for advice on infection control matters, when significant changes are proposed to an existing facility. There are no changes proposed for the near future.</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, N95 mask fitting 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 household meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality improvement management meetings and staff meetings. Significant events are reported to the Arvida executive team and infection control steering group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	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 improvement management meetings and staff meetings. Arvida head office have direct access to data via the electronic system.</p> <p>The wellness and care systems manager collates data monthly on incidents and rates of healthcare associated infections (HAI) which is first presented to and discussed by the wellness and care team. This data is emailed to villages to support their quality programme. Any trends are reported to the monthly Board meeting.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts</p>

		<p>from Arvida head office and Te Whatu Ora -Nelson Marlborough for any community concerns.</p> <p>There has been seven Covid 19 outbreaks between March and November 2022. These were well documented, and the facility followed their pandemic plan. All households were kept separate (in a bubble). Staff wore personal protective equipment (PPE). Residents and staff completed rapid antigen tests (RAT) daily. Family was kept informed by phone or email. Visiting was restricted. Covid-19 antiviral medicines were used to treat residents with Covid-19 infection. There was one resident in isolation with Covid-19 infection on the days of audit. The resident was in isolation and commenced antiviral medications as prescribed. One wellness partner (caregiver) was allocated per shift to look after the resident. There was an isolation kit and sufficient PPE available for staff to use with a dedicated donning and doffing area.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets 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.</p> <p>There is a sluice room in each area and a sanitiser in the dementia wing, with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site. The laundry is operational seven days a week. There are two laundry assistants on duty each day. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen is in a good condition. Cleaning and laundry</p>



		<p>services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator and quality manager are responsible for cleaning, environment and workplace audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of 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 facility nurse manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The village managers and facility manager interviewed confirmed the service's commitment to a restraint-free environment. The facility has been restraint-free since May 2022; having been so for almost two years. The service has been awarded a continuous improvement working towards and maintaining a restraint-free environment.</p> <p>An interview with the restraint coordinator (facility nurse manager) and Arvida clinical 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 documentation available for residents potentially requiring future restraint, included a process and resources for assessment, consent, restraint care plan monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse, and enduring power of attorney approval. The restraint free/restraint approval committee meets six-monthly.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually. Staff completes a restraint competency annually.</p>

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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>The philosophy of the Arvida Living Well framework encourage their facilities to work towards a restraint-free environment to meet their criteria of the five pillars of living well.</p> <p>A review of a quality improvement plan evidence the facility has actively worked implementing initiatives since August 2021 to become restraint free. The clinical indicator data evidenced Arvida Ashwood Park to be restraint free since May 2022 to date. The restraint coordinator and clinical managers interviewed described the range of initiatives that have been implemented to work towards Arvida Ashwood Park to become a restraint-free environment. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Wellness partners interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>Clinical data and restraint register reviewed evidenced that prior to August 2021 there were 11 residents that used either bedrails or chair briefs. The restraint approval group discussed their focus to have active discussions with families and residents to explore alternative strategies. These included: individual strategies to respond to specific resident needs, including: falls prevention; early intervention to identify changes in behaviour; quality use of medication; safe environment, including a dementia friendly design; review of timing of other activities; and individual schedules/routine. The GP or NP reviews antipsychotic medications three-monthly with the regular medication reviews, to ensure medications are still appropriate.</p> <p>The Arvida dementia nurse completes clinical reviews for residents and suggests alternative strategies to equip staff with skills to provide care within a restraint-free</p>

			<p>environment. A Dementia Care mapping report (July 2022) was completed that include a set of observational tools. This is an intensive in-depth, real-time observations over a number of hours of people with dementia. The result of the mapping provides feedback on areas to focus on strategies to prepare for a restraint-free environment. The mapping was performed on five residents and included a review of the physical environment. Each residents' needs were reviewed according to the five pillars: eating well, thinking well, moving well, resting well, and engaging well. The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation that ensures cognitive abilities are supported.</p> <p>The data evidenced the service became restraint free in May 2022 and has maintained the restraint-free environment since the implementation of the initiative. No incidences of restraint have occurred. A benchmarking report reviewed (provided by Te Whatu Ora Nelson Marlborough) evidenced antipsychotic use for the facility is the lowest within the region, compared to other dementia facilities. Observation at the time of the audit, evidenced wellness partners to be knowledgeable around de-escalation and diversion strategies. The physical environment provides for a dementia friendly, safe, and calm space.</p> <p>As a result of the initiatives, residents have been able to enjoy a safer and more comfortable home experience with less distress and anxiety. This has promoted quality of life for the residents. Positive feedback from residents and relatives around care were noted. These findings were discussed at all relevant meetings.</p>
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End of the report.