

Oakwoods Lifecare (2012) Limited - Oakwoods Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oakwoods Lifecare (2012) Limited
Premises audited:	Oakwoods Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 October 2022 End date: 1 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	46

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Arvida Oakwoods Retirement Village provides hospital and rest home level care for up to 48 residents in the care facility and 43 apartments that are certified for rest home level care. On the day of audit there were 46 residents, including one resident in the serviced apartments. Oakwoods Retirement Village is part of the Arvida Group.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora 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 families, management, staff, and the general practitioner.

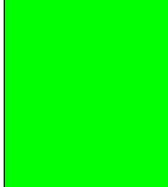
The service is managed by a suitably qualified clinical manager who is supported by a village manager and clinical coordinator. There have been no significant changes to the facility or services since the last audit. Residents and family/whānau spoke positively about the care provided.

There are quality systems and processes implemented. There is a stable team of experienced wellness partners and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A competency schedule is in place.

This surveillance audit has identified shortfalls with the implementation of the quality programme, care plan documentation and medication room temperature monitoring.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Arvida Oakwoods provides an environment that supports resident rights and reflects cultural safe care. There is a Māori health plan in place. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan, business plan and the Living Well model of care. The service partners with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The business plan reflects the holistic living well model of care to service delivery and ensures wellbeing outcomes for Māori and tāngata whaikaha are achieved. The executive team, village manager and clinical manager are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.

There is a documented quality programme that takes a risk-based approach.

There is a policy to ensure safe staffing levels. Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff. Registered nurse cover is provided 24 hours a day, seven days a week.

Regular education and training are provided. Employment processes are followed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

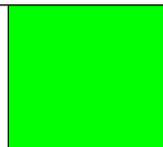
An activities programme is implemented that meets the needs of the residents. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Cultural, traditional, and religious food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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

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

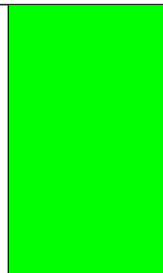


Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme is in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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.

The pandemic plan has been successfully implemented at times of any outbreaks and there are sufficient supplies of personal protective equipment to manage outbreaks. Education is provided to staff to ensure safe culturally appropriate implementation of infection control practices.

Surveillance data is gathered. Infection incidents are collected and analysed for trends and the information is used to identify opportunities for improvements. Benchmarking occurs. There was one documented outbreak since the last audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is governance commitment to support a philosophy of a restraint-free environment. The restraint coordinator is the registered nurse. There were two residents listed as using a restraint during the audit. There is leadership commitment to work towards providing a restraint-free environment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. The restraint policy acknowledges cultural considerations.

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	19	0	1	2	0	0
Criteria	0	51	0	1	2	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>	FA	<p>The village manager stated that they support increasing Māori capacity within the workforce and will employ more Māori staff members when they apply for employment opportunities at Oakwoods. At the time of the audit, there were Māori staff.</p> <p>Oakwoods evidence commitment to ensure equal employment opportunities for Māori in their business plan. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori and tāngata whaikaha.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti framework which is still in the development stage. Four stages have been identified for implementation and includes: setting the foundations; develop commitment; deliver the action plan; and providing leadership. Arvida Oakwoods partners with Pacific organisations, and collaborates with</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are staff that identify as Pasifika.</p> <p>The clinical manager (CM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly household meetings. Two residents (two rest home including one in the serviced apartments) and four family/whānau (two hospital and two rest home) interviewed reported that the service is upholding the residents' rights and residents are supported to be independent as they can be around all aspects of their lives. Arvida strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Living Well model of care, the Māori health plan and business plan. The service recognises Māori mana motuhake as evidenced through resident care plans. Staff interviewed explained how they promote residents' independence by providing individual options during daily cares.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>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 and cultural competency.</p> <p>The village manager (VM), clinical manager (CM), kitchen manager and nine wellness staff (including one registered nurse [RN], one clinical coordinator [CC], one clinical educator, four wellness partners [caregivers], one wellness leader and one wellness coordinator [activities staff] could describe their understanding of tikanga Māori within the service delivery of the organisation.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented. Arvida Oakwoods policies acknowledge the importance of preventing any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed 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. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the Code of Conduct.</p> <p>Staff complete education during 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.</p> <p>There is an Arvida Group Living Well Community Business Plan that reflects a strengths-based and holistic model to ensure wellbeing outcomes for Māori. The goal of the Attitude of Living Well model of care is to engage the resident as a partner in care. This puts the resident at the centre of care, directing care where they are able and being supported by and with whānau, as much as possible.</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. 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. As service providers: We provide people using our services or their</p>	<p>FA</p>	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family/whānau for collective decision making.</p>

<p>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>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 families during the resident's entry to the service. Complaints forms are located at the entrance to the facility or are available on request. Complaints can be handed to reception staff. Residents/relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. One complaint was lodged in 2021 and four have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There were two complaints lodged via external agencies, one to Te Whatu Ora- Nelson Marlborough in April 2022 and had been found not be substantiated and resolved by Te Whatu Ora -Nelson Marlborough, another in October 2022 (same complainant) involved the Health and Disability advocacy service and has not yet been resolved.</p> <p>Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</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</p>	<p>FA</p>	<p>Oakwoods Retirement Village (Arvida Oakwoods) is a care home in the heart of Richmond central business district and has operated in the district for the last 34 years. Oakwoods Retirement Village has been part of the Arvida Group since 2015.</p> <p>Oakwoods provides hospital and rest home level care for up to 48</p>

<p>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>residents in the care facility and 43 apartments that are certified for rest home level care. On the day of audit there were 46 residents, including one resident in the serviced apartments. This included 25 residents at rest home level care and 21 residents requiring hospital level of care, including three on younger persons with disabilities (YPD) contract. All other residents were under the age-related residential care (ARRC) contract. All beds in the care centre are dual purpose.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with Manatū Hauora 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 practice at Arvida Oakwoods is holistic in nature, inclusive of cultural identity, spirituality and the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business.</p> <p>The Executive team, village manager (VM) and clinical manager (CM) have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development, that supports outcomes to achieve equity for Māori.</p> <p>There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of Ngā Paerewa. The health equity group focuses on acknowledgement of Arvida's commitment to Māori as tāngata whenua, equity between Māori and everyone in Arvida (and Aotearoa) by recognising the inequities/barriers affecting Māori, and adapting systems to support</p>
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		<p>Māori residents and employees and tāngata whaikaha.</p> <p>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>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Arvida Oakwoods has a quality and risk management programme documented that takes a risk-based approach to improve resident safety. The strategic plan evidence the executive team and Board of Directors are committed to continuously improving service delivery. There are annual quality improvement goals documented, which includes plans to achieve these goals, target dates for implementation, and responsibilities for implementation. Interviews with the village manager and clinical manager confirmed their understanding and involvement in quality and risk management practices.</p> <p>The quality and risk management systems include performance monitoring through internal audits, the collection of clinical indicator data, implementation of corrective actions and communication with staff to include regular meetings. However, several key aspects of the quality system have fallen behind since May 2021. Monthly quality and risk meetings, 'best practice' meetings (RN and senior wellness partners) and care facility meetings provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. These meetings have not always occurred as planned. When meetings have occurred, evidence that quality indicator data, trends, and analysis discussed with staff, was not always evidenced in the meeting minutes.</p> <p>Internal audits are completed as scheduled; however, the outcomes of the internal audits and associated corrective actions are not always documented in the meeting minutes. Collation of data, summaries and analysis were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when</p>

	<p>achieved. Data is collected for clinical indicators, which is analysed, and benchmarked internally against other Arvida facilities and externally with other organisations.</p> <p>A resident/relative survey was completed in December 2021 and evidenced overall satisfaction with service delivery, including: safe environment; food; activities; communication; complaints management; grounds; and care delivery. There was evidence that the outcomes were discussed with staff at the following care facility meeting. Corrective action plans have been implemented to improve on areas with negative comments. All areas of care evidence high levels of satisfaction.</p> <p>Demographics and ethnicity data are analysed as part of the survey summary and provide an opportunity for critical analysis of service delivery to improve health equity.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was 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 is then provided to the Governance body.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is identified, and immediate action is documented with any follow-up action(s) required, evidenced in eight accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager, in consultation with the RNs and wellness partners. The system escalates alerts to senior team members depending on the risk level. A notification and escalation matrix are available to staff.</p> <p>Discussions with the VM and CM evidenced awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There have been two notifications completed to notify HealthCERT in 2021 and 2022 year to date for change in clinical managers (last completed 23 September 2022). There have been no events that required a section 31 since the last audit. This was confirmed through interviews with management, staff, and review of records. There has been one Covid-19 exposure event in June 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>There is a staffing rationale policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and weekly hours are discussed with the senior executive team member (the specific village manager support person that is part of the executive team). There is a full complement of RNs and the service is actively recruiting for allied staff, including cleaners. There is an on-call roster to provide support for after hours.</p> <p>The village manager (non-clinical) provides oversight of the day-to-day operations of the village as a whole. The clinical manager provides clinical oversight. The clinical manager works Monday to Friday from 8.30 am-5 pm and the clinical coordinator works from Monday to Thursday 7.30 am-4.30 pm and share on call with one RN. In the absence of the clinical manager, the clinical coordinator will resume clinical oversight.</p> <p>There is a clinical educator that works in the village during the week and oversees the serviced apartments.</p> <p>Arvida Oakwoods is adequately and sufficiently staffed to provide safe clinical and cultural care on morning, afternoon, and night shifts. The rosters reviewed are divided into two areas and allocates sufficient number of wellness partners to each area, according to the acuity of the residents. There is a RN on shift 24/7.</p> <p>The serviced apartment resident interviewed stated that their care and response to the call bell is attended to in a timely manner. There is a night porter seven days a week that addresses issues in the village and serviced apartments and escalates any issues to the</p>

	<p>night RN.</p> <p>Interviews with residents and families confirmed staffing overall was satisfactory and has improved in the last seven weeks prior to the audit. Changes in staffing levels are communicated to staff and residents (sighted).</p> <p>There are processes to ensure a culturally and clinically safe service. Staff have completed cultural competency and training to ensure a high-quality service and that a culturally safe service is provided for Māori. Competency records are available. The frequency of competency checks depends on the associated risk. There is a range of competencies specific to the employee's role. There is a schedule and register in place for reassessment of competencies. All competencies except restraint competencies have been completed for 2021/2022 (link 6.1.1). All RNs and a core group of wellness partners have completed their first aid certificates and there is at least one person on each shift with a current valid first aid certificate. All RNs completed syringe driver training and three of eight RNs have completed their interRAI training.</p> <p>There is an annual education and training schedule that includes mandatory (except restraint minimisation) training across 2021 and 2022. Training topics include health and safety, hazard management, Residents Code of Rights, cultural safety training, chemical training, and emergency preparedness. Toolbox talks are held when required at handovers. Staff complete cultural safety on the online learning platform and provide a learning opportunity and reading resources to learn about Māori health outcomes, disparities, and health equity trends.</p> <p>The wellness partners are encouraged to undertake aged care education (Careerforce). Currently there are twenty-two wellness partners with level 4 NZQA, seven with level 3 NZQA and four with level 2 NZQA. The clinical educator is assisting staff to access and complete Careerforce education levels.</p> <p>Registered nurses can access external training through Te Whatu Ora-Nelson Marlborough when available or through the electronic platform. Registered nurse specific training viewed included wound care, syringe driver, palliative care, and first aid.</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>A register of practising certificates is maintained. 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. 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. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. The clinical educator monitors completion of the orientation programme on the online platform.</p> <p>Five staff files reviewed included evidence of completed orientation and competencies; however, restraint competencies and restraint training were not completed for 2022 (link 6.1.1).</p> <p>The service collects staff ethnicity information as part of the employment process, and is working towards reviewing ethnicity data for completeness to improve quality.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality 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. Declining entry would be if there were no beds available or 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 the same information for the purpose of decline rates for Māori. This is a work in progress.</p> <p>Arvida Oakwoods are working towards establishing relationships with local Kaumatua, Māori health services and communities to benefit Māori individuals and whānau. There are staff who identify as Māori who are available to provide support to Māori residents and whānau,</p>

		and the service can access the Māori advisor if required.
<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>PA Moderate</p>	<p>Five resident files were reviewed, two rest home (including one in the serviced apartments) and three hospital (including one young person with a disability [YPD]). Registered nurses (RN) are responsible for conducting all assessments and developing the care plans.</p> <p>The service has received numerous waivers to complete interRAI reassessments till 27 September 2022. This has now been completed; however, the clinical assessment protocols (CAPs) triggers, and scores (outcomes) of the reassessments were still to be addressed.</p> <p>All residents have admission assessment information collected and an interim care plan is completed at the time of admission. Assessments, including the interRAI assessment outcomes, form the basis of the care plans. All resident files (except YPD) had an initial interRAI assessment completed. Additionally, all files have a suite of initial assessments completed in electronic format to form the basis of the long-term care plan and these are reviewed regularly to capture any changes. However, not all files reviewed had the necessary changes made to the care plan when there was a change in care needs and not all care plans had been evaluated within the required six-month timeframe or where required.</p> <p>Cultural assessment details are weaved through all sections of the care plan. There is evidence of resident and whānau involvement in the interRAI assessments (when it occurred) and review of long-term care plans. This was documented in progress notes and the case conference notes. Care plans are holistic in nature and reflect a person-centred model of care (Attitude of Living Well) that give tāngata whaikaha choice and control over their supports. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan. There are residents who identify as Māori whose files reviewed had appropriate cultural supports and interventions detailed in their electronic care plans. The long-term care plans are holistic and are in line with the Attitude of Living Well model of care. Residents' specific goals (pae ora outcomes) and the</p>

	<p>interventions on how to achieve them are documented. Behaviours that challenge are assessed when they occur.</p> <p>The YPD resident records include a suite of assessments and a long-term care plan which addresses cultural, medical and physical needs. Normal routine, hobbies, and social wellbeing are addressed. The resident in the serviced apartments record reviewed, demonstrated evidence of an initial assessment, long-term care plan and appropriate strategies to manage care needs. Regular RN input and daily progress notes are recorded.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits once a week. Staff have access to the public hospital for advice after hours. The clinical manager is also available for clinical support after hours. The GP was interviewed and confirmed the staff execute any instructions. 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 plans (ophthalmologist, vascular services, podiatry, dietician, speech and language therapist and renal specialist). The service has contracted a physiotherapist for four hours a week and when required.</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. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed (including one in the serviced apartments) reported their needs and expectations were being met. The resident on the YPD contract could not be interviewed. When a resident's condition alters, an RN initiates a review with the GP. Families were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and</p>
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		<p>wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for three residents with current wounds (skin tears and two stage II pressure injuries (non-facility acquired)). Input from the local Te Whatu Ora-Nelson Marlborough wound nurse specialist is accessible when required. Pressure injury prevention strategies are implemented.</p> <p>Wellness partners 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 chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls with or without head injuries.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The monthly activities calendar includes celebratory themes and events. The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language flash cards, the use of Māori mythology stories and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection with the community is authentically maintained. Other activities include Māori weaving and poi dance. The service engages with local community volunteers and visitors. The residents interviewed were complimentary of the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	PA Low	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent wellness partners) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of</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>the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and wellness partners interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications were appropriately stored in a lockable metal locker in each resident's room, 'as required' stock were stored in the facility medication room and locked trolley. The most senior RN holds the keys. The medication fridge is monitored daily, and the temperatures were within acceptable ranges. There were no records provided that the medication room temperatures were checked. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-administering medications at the time of the audit and no standing orders are used.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with the Māori residents (when required) and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>Kitchen staff are trained in safe food handling. The kitchen manager interviewed stated they can implement menu options culturally specific to te ao Māori. Kitchen staff attended cultural training with</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>the rest of the staff. Kitchen staff and wellness partners interviewed understood basic Māori practices in line with tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Arvida Oakwoods, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 December 2022. There is a documented preventative maintenance plan and includes checking and calibration of medical equipment, testing and tagging of other electrical equipment which occurred as required in July 2022. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>The environment, art and decor are inclusive of peoples’ cultures and supports cultural practices. There are whānau rooms available within the facility.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future. The village manager</p>

		interviewed stated the Arvida support office provides direction on new build projects. The independent Māori consultant provides advice, and a separate Māori Advisory Committee will collaborate and work in partnership with the Health Equity Group to ensure any decisions relating to new builds and appropriate environments for Māori, embrace the principle of Tino Rangatiratanga.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (sighted). A fire evacuation drill is repeated six-monthly and was last completed in July 2022, in accordance with the facility's building warrant of fitness requirements. There is a current resident list with assistance requirements documented to ensure for a smooth evacuation when required.</p> <p>The building is secure after hours, and staff complete security checks at night. Staff are identifiable and wear name badges. All visitors must sign in and complete health declarations. Contractors complete an orientation specific to the site.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an Infection, Prevention and Antimicrobial Programme and procedure/ Kaupapa Moroiti-kore me te karo Pokenga policy that includes the pandemic plan, which is available for all staff and include scenario-based training completed at intervals. Personal protective equipment (PPE) stock balance is maintained to support any outbreaks. There are readily available isolation kits and there is a large supply of PPE stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff have attended training around outbreak management and use of PPE.</p> <p>All staff have completed cultural safe education with an independent Māori consultant and on the electronic learning platform. Wellness partners and RN interviewed could explain cultural safe practices related to Māori and how they will involve whānau of Māori residents. The infection control committee is working towards exploring educational resources in te reo.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual electronic resident records. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually by the Wellness & Care Systems Manager at the support office. Action plans are completed for any infection rates of concern. Infection control surveillance is discussed at the monthly infection control committee meeting; however, there is no documented evidence that these are discussed with other staff (link 2.2.2). Residents and whānau are informed of infections and this is recorded in the progress notes.</p> <p>Infections including outbreaks are reported and documented, reviewed so improvements can be made to reduce HAI. HAIs are monitored by Arvida Group and benchmarked within the organisation. The service captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data around infections and outbreaks.</p> <p>There had been one Covid 19 exposure event in June 2022. This was well documented and managed.</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>There is governance commitment to support and work towards a restraint-free environment. 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. The restraint coordinator is the clinical manager, who provides support and oversight of restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. There were two residents using restraint (lap belt and bedrail). A register is maintained.</p> <p>An interview with the clinical manager described the organisation's</p>

		<p>commitment to restraint minimisation. 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 restraint documentation available for residents requiring restraint included approval and consent processes, care planning, interventions, monitoring, and evaluation of the restraint as appropriate. Cultural considerations are included at the time of assessment and care planning. The restraint approval process includes the resident (if competent), GP, clinical manager, registered nurse and family/whānau approval. The restraint committee meets six-monthly and evaluations of the restraints in use occur three-monthly.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evidenced through interviews with staff who are actively involved in the ongoing process of monitoring. There was no evidence that training, and restraint competency assessments has occurred since January 2021. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing, if restraint was being considered in the facility.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>The village manager interviewed stated there has been a change in key clinical staff which resulted in key aspects of the quality system that have fallen behind. Health and safety meetings occur monthly and household meetings (residents) are held regularly fortnightly. There have been three care facility meetings held since July 2021; however, there was no documented evidence that other meetings had occurred as planned. For example, there was nine months delay between the quality and risk management meetings for 2021/2022. There was no evidence that clinical indicator data and related actions required, internal audit results and associated corrective actions were discussed with staff between July 2021 and August 2022.</p> <p>Wellness staff interviewed confirmed that</p>	<p>The following key aspects of the quality and risk management programme has fallen behind:</p> <p>(i) Meetings did not always occur as planned.</p> <p>(ii) Clinical indicator data results and summaries, benchmarking, results of internal audits and associated corrective actions were not always documented as discussed with staff.</p> <p>(iii) Corrective actions were not always documented as being followed up and closed off in a timely manner.</p> <p>(iv) Internal audits were not always signed off as reviewed</p>	<p>(i)-(iv) Ensure implementation of all key aspects of Arvida Group’s quality and risk framework, and ensure improvements are evidenced as addressed and discussed as per policy.</p> <p>60 days</p>

		<p>communication had fallen behind through the Covid-19 period. The registered nurse interviewed stated handovers are used to pass on information of individual residents at risk. Benchmarking data was displayed in the nurse's station and staffroom on the day of the audit; however, wellness partners (caregivers) interviewed confirmed there has been no discussions taken place to explain the graphs. The new clinical manager is less than two months in the role and has started to implement quality improvement plans to address shortfalls and ensure clinical meetings take place.</p> <p>Internal audits have been completed for 2021 and 2022 (year to date), corrective actions were documented. However, there was no evidence that corrective actions (including the need to reaudit) had been discussed with staff or were followed up and closed off. For example, three cleaning audits document and identify the same deficiencies, with the same corrective actions, and no follow up documented on the corrective actions. The village manager has not always been informed of the deficits as there was no sign off from the VM or CM. The clinical coordinator and clinical manager (both new to their roles) stated they are progressing toward best practice in allocating responsibilities for internal audits and closing off on all corrective actions.</p>	by CM and or VM.	
<p>Criterion 3.2.5 Planned review of a person's care or support</p>	<p>PA Moderate</p>	<p>Five files were reviewed. Three hospital residents' files reviewed showed regular updates and changes made to the care plan to capture a change in identified needs.</p>	<p>(i). The interRAI reassessments CAPs, scores, and triggers (outcomes) have not yet been updated in four of five care</p>	<p>(i). Ensure that all the CAPs, triggers and scores related to the recent interRAI assessments are</p>

<p>plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>Evaluations completed documented the progression towards their goals.</p> <p>The service received a waiver for interRAI reassessment completion till 27 September 2022. The CM has created a quality improvement plan to complete 29 interRAI reassessments. This was signed off as completed a week prior to the audit and a process is in place to address all the clinical assessment protocols (CAPs), scores, and triggers (outcomes) in the care plans. At the time of the audit, this was still being implemented.</p> <p>One rest home resident has been stable, with no significant changes in care needs. The residents' file reviewed had no evaluations completed between May 2021 and August 2022 and the progression towards goals are indetermined. One resident's mobility support needs have changed due a decrease in mobility, contributed by chronic pain. Appropriate worklogs were created to monitor and manage the support needs required and changes were recorded in the progress notes. Progress notes reviewed and supported interviews with wellness partners evidence the residents received the appropriate support, even in the absence of an updated care plan. The finding relates to documentation only.</p>	<p>plans reviewed.</p> <p>(ii). One rest home resident's care plan had not been evaluated within the required timeframe, with no progression towards goals documented.</p> <p>(iii). One rest home resident's change in mobility has not been identified and therefore documented strategies in the care plan were inconsistent with the required needs.</p>	<p>addressed in all the care plans.</p> <p>(ii). Ensure care plans are reviewed at defined intervals and document progression towards their goals.</p> <p>(iii). Ensure to address changes in care needs and provide strategies consistent with the support required.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be</p>	<p>PA Low</p>	<p>The medication room is adjacent to the nurse's station. Residents' individual medications are locked in a lockable secure safe in their rooms. The registered nurse on</p>	<p>There was no evidence of the medication/treatment room temperature being monitored.</p>	<p>Ensure that the medication room temperature is monitored at regular intervals to ensure an</p>

<p>implemented appropriate to the scope of the service.</p>		<p>duty holds the keys. There is a fridge in the medication room and the temperatures were within normal range. The cupboards were well stocked with `as required` medication. There were no records of the medication/treatment room's temperature being monitored. At the time of the audit, the room temperature was taken and was within acceptable limits. The registered nurse interviewed stated they were not knowledgeable about the requirements to monitor room temperatures.</p>		<p>acceptable range is maintained.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.