

Village At The Park Care Limited - Village At The Park

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Village at the Park Care Limited

Premises audited: Village At The Park

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

Dates of audit: Start date: 9 February 2023 End date: 10 February 2023

Proposed changes to current services (if any): The service applied to the Ministry of Health on 15 November 2021 to reconfigure 17 License to Occupy (LTO) units for rest home services; thereby increasing rest home service-certified beds from 17 to 34 and the total number of beds from 92 to 109. A partial provisional audit was not required. This audit verified the units as suitable to provide rest home level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 84

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 Village at the Park provides hospital (geriatric and medical), rest home and dementia care for up to 109 residents. At the time of the audit there were 84 residents.

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 -Capital and Coast and Hutt Valley. 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 nurse practitioner.

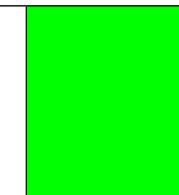
This audit also verified an application to reconfigure 17 License to Occupy (LTO) units for rest home services. The rooms were verified as suitable to provide rest home level care.

The village manager is supported by a clinical nurse manager, three clinical coordinators and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers, including the head of wellness operations, the head of clinical quality and the head of clinical governance.

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 is in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the Standard and a continuous improvement rating was awarded in the area of activities.

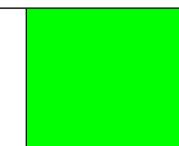
Ō tatou motika | Our rights

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 Village at the 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation, and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service 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. 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 or nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and 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 or nurse practitioner.

The wellness leader, wellness champions and an activities assistant 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. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised. The dementia unit is secure and can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been four outbreaks, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	1	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau, with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>A Māori consultant has been contracted to provide input into the Māori health plan, updated Arvida policies and procedures and is also responsible for the cultural training programmes for the executive team, managers, and staff. Village at the 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 manager interviews all suitably qualified Māori applicants when they apply for employment opportunities at Village at the Park. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Twelve staff interviewed (four wellness partners (caregivers), two registered nurses (RN), one wellness leader (activities coordinator), one kitchen manager, one maintenance supervisor, one educator, and two laundry workers) confirmed all cultures were treated equally and welcomed to the workplace.</p> <p>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 has an established relationship with Ahu Whenua Tenth Trust who are active leaders within the local Māori community.</p> <p>The service currently has residents that identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Wellness partners and the wellness leader were able to describe how care is based on the resident's individual needs values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved</p>	FA	<p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Management interviewed advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. 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.</p>

<p>health outcomes.</p>		<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 include: setting the foundations; develop commitment; deliver the action plan; and providing leadership. The organisation is working towards developing a meaningful and collaborative working relationship with Pacific communities to provide guidance in the development of a Pacific health plan. Village at the Park has links with the local Pacific community through current staff members who are active in the Pacific church.</p> <p>There are staff members who identify as Pasifika. The village manager described how Village at the Park is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service is actively recruiting staff and on review of onboarding documentation, there was evidence of equitable processes.</p> <p>Interviews with eight residents (four rest home, four hospital), and eleven relatives (one rest home, six hospital, and four dementia) identified that staff put residents, family/whānau and the community at the centre of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The village manager, or clinical coordinators discuss aspects of the Code with residents and their relatives on admission. Discussions relating to the Code are also held during the two-monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Wellness partners and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in December 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well encourages a resident-led culture</p>

		<p>of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, considering aspects of signage that reflect the use of te reo Māori, and are sharing knowledge around the values underpinning tikanga principles.</p> <p>Te Tiriti o Waitangi, te reo and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is implemented. One aim of the staff handbook is to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care, which include: fairness; acting with integrity and authenticity; innovation; a can-do attitude; being nimble and flexible; and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the</p>

		<p>training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity. All residents and families interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and 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 Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and relatives on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English and appropriate communication strategies were observed to be in place.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family are informed prior to entry of the scope</p>

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

		<p>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 in 2021 and has been scheduled in the 2023 training calendar.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>One complaint was lodged in 2021, two in 2022, and none in 2023 (year-to-date). There has been one complaint raised with the Health and Disability Commissioner (HDC) on 5th May 2021, which was withdrawn by the complainant and closed on 18th November 2022, with no findings or actions required. Complaints logged include an investigation, outcome, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the wellness leader (activities coordinator). The village manager is present during a portion of the meeting. Family/whānau confirmed during interview the village manager is available to listen to concerns</p>

		<p>and acts promptly on issues raised.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.</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>Village at the Park is a joint venture between the Arvida Group and Ahu Whenua Tenths Trust. The service provides care for up to 92 residents across 42 dual purpose (rest home or hospital) beds; 33 dementia level care beds across two units (one 15 beds and one 18 beds); and 17 serviced apartments certified to provide rest home level care.</p> <p>The service has sought approval from the Ministry of Health to reconfigure 17 License to Occupy (LTO) units for rest home services; thereby increasing rest home service-certified beds from 17 to 34 and the total number of beds from 92 to 109. This audit has found the LTO units to be suitable for such a purpose.</p> <p>At the time of the audit, there were 84 residents in total: 30 hospital residents (including two respite residents), 22 rest home residents (including thirteen in the serviced apartments and one respite resident) and 32 dementia level care residents across the two dementia units, including one resident on a long-term services chronic health contract (LTS-CHC). All residents were admitted under the age-related residential care (ARRC) contract, excluding the respite residents and LTS-CHC.</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The overall goal 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 practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to</p>

	<p>ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term 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 (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers.</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 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's overall clinical governance, reviewing and implementation of Ngā Paerewa. The village manager oversees the implementation of the quality plan. The clinical managers provide regular reporting to the village manager, that includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome or the goal is achieved.</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,</p>
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		<p>inclusive, and sensitive to the cultural diversity of the communities that they serve. At a strategic level, Arvida will expand on Ngāti Rēhia relationships for all new developments and establish partnerships around health services provision to kaumātua.</p> <p>The working practices at Arvida Village at the Park are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are always respectful of the resident's preferences, expectations, and choices; recognising that the resident and whānau must be at the heart of all decision making. It involves all staff in every village, and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme, to support a resident centric environment.</p> <p>The village manager (RN) has been in the role at Village at the Park since June 2021, and prior to this was the clinical manager since March 2020. The village manager has previous aged care management with another provider. The village manager is supported by two experienced clinical coordinators. The service has recruited a third clinical coordinator and a clinical manager who are due to commence employment next month. The management team are supported on site by an educator, and experienced care and household staff.</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>FA</p>	<p>Arvida Village at the Park has effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. 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</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>document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. New policies or changes to policy are communicated to staff.</p> <p>Monthly village quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family satisfaction surveys (sighted for 2019, 2020 and 2021) were positive. Results were communicated to staff, residents, and families, evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive. The 2022 survey results were being collated and were not available at the time of audit.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other Village at the Park health and safety representatives. The Village at the Park health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff/quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. In the</p>
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		<p>event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support. Incident and accident data is collated monthly and analysed using the electronic resident management system.</p> <p>Discussions with the village manager, head of wellness operations, and head of clinical quality evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed appropriately to notify HealthCERT in 2021, 2022 and 2023 year to date. There have been four infectious outbreaks which were appropriately notified.</p> <p>Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. The national quality manager benchmarks data against other Arvida facilities and industry standards is analysed internally to identify areas for improvement.</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. 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. 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 policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. A selection of RNs and wellness partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings.</p> <p>Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and two clinical coordinators work 40 hours per week from Monday to Friday.</p> <p>The village manager rotates with the clinical coordinators to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p>

	<p>Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. All staff are required to completed competency assessments as part of their orientation. Registered nurses' complete competencies, including (but not limited to): restraint; medication administration; controlled drug administration; nebuliser; diabetes management; insulin administration; wound management; and interRAI. All wellness partners are required to complete annual competencies, including (but not limited to): restraint; moving and handling; PPE; medication; handwashing; and cultural competencies. A selection of wellness partners have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register.</p> <p>The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. 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. Facility meetings provide a forum to share health information.</p> <p>There are 83 wellness partners employed in total. Arvida Village at the Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Fifty-seven wellness partners have achieved either a level three or level four NZQA qualification. Of the twenty-five staff working in the dementia unit, eleven have obtained their dementia qualifications. Thirteen staff working in the dementia unit are working towards the qualification and are within the eighteen-month timeframe for completion.</p> <p>Eight RNs and three enrolled nurses (EN) are employed (including two clinical coordinators) and six have completed their interRAI</p>
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		<p>training.</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>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Eleven staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff that had been in employment for more than 12 months, had an annual appraisal completed. A three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction, which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>

		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>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. Older files are sent off site for archiving as per policy. Documents can be scanned and uploaded to the electronic resident management system for reference. There is a locked blue secure bin on site and a document shredder.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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</p>	FA	<p>Residents' entry into the service is facilitated in an 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>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. A clinical lead interviewed advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. Resident's ethnicity data is captured, analysed, and reported against to identify inequity trends comparative to ethnicity. The analysis is completed by Arvida Group support office and results shared with facilities.</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 (four rest home, four hospital, and three dementia level of care). One rest home respite resident, and one hospital LTS-CHC resident were included in the review. Registered nurses (RNs) are responsible for conducting all assessments and the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. InterRAI timeframes in the past were compromised due to RN shortages; however, these are now all up to date and being completed as per contract timeframes. All resident files had an interRAI assessment and a suite of assessments completed. Assessments, including the interRAI assessment outcomes, form the basis of the care plans.</p> <p>Long-term care plans address cultural needs, medical and physical needs. 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</p>

	<p>plan. There were residents who identify as Māori; files reviewed had appropriate cultural supports and interventions detailed in their electronic care plans. Cultural assessment details are woven through all sections of the care plan. Resident's specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. Behaviours that challenge is assessed when this occurs.</p> <p>Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the resident and family/whanau. The goals are evaluated six-monthly, and the degree of outcomes/achievement are documented.</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 or NP reviews each resident three-monthly. The NP (interviewed) and the GP visits weekly. The GP covers on call. The village manager who is a RN, is also available for after-hours calls and advice. When interviewed, the NP expressed satisfaction with the care. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health and specialist interventions were documented and integrated into care plans (eg, podiatry, dietitian, mental health team and speech language therapy). A physiotherapist visits twice a week for a total of six hours.</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, enrolled nurses (EN) and RNs. 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, a RN initiates a review with the GP or NP. Family are notified of all changes to health, including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans</p>
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		<p>with body map, photos and wound measurements were reviewed. There were 27 wounds documented in the current wound register. This included three residents with a total of seven pressure injuries (two stage II, three stage I, one stage III and one unstageable) being treated. Prevention strategies and equipment is documented in the care plan. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts, including (but not limited to): blood pressure; weight; food and fluid chart; pain; and behaviour. Electronic incident reports reviewed evidenced a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the village manager, who reviews every adverse event.</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>	<p>FA</p>	<p>There is a wellness leader who is a qualified diversional therapist who leads activities. They work full time Monday to Friday and are mainly based in the rest home. Two full-time wellness partners undertake activities in the hospital covering seven days a week. There is a full-time activities assistant in the dementia unit. All have first aid certificates. The overall programme has integrated activities that are appropriate for all residents. Wellness partners in the rest home and dementia units also cover activities Monday to Sunday.</p> <p>The activities programme is supported by the `Attitude of Living Well` framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well.</p> <p>The activities are displayed in large print on all noticeboards and residents have copies in their rooms. Activities include: exercises; Tai Chi; reading news; quizzes; board games; bingo; happy hour; mystery drives; pet therapy; and arts and crafts. On the day of audit, residents were participating in exercises and quizzes. The programme allows for flexibility and resident choice of activity. One-</p>

	<p>on-one activities are available, as well as group activities. There are plentiful resources. The facility can access online movies. There is a sensory room for residents. The hospital resident who has an enteral feeding tube often goes to the sensory room during mealtimes to distract them from others eating.</p> <p>Residents in the dementia unit receive one-on-one activities to meet the needs of each individual. Specific activities included one-on-one chats, supervised walks, van outings, music, and household activities. There are individualised 24-hour leisure plans documented for residents in the dementia unit. These are used by staff for activities of distraction and include past hobbies and lived experiences.</p> <p>There are regular van outings. Church services are held weekly. Residents are encouraged to maintain links to the community. There are cultural events celebrated.</p> <p>The service will ensure their staff support Māori residents in meeting their health needs and aspirations in the community. Te reo is encouraged in resident meetings and during events. Māori language week and Matariki is part of the activities calendar. On interview, the wellness leader confirmed having links with a local marae and also a kapa haka group from a local school performs.</p> <p>There are seating areas where quieter activities can occur.</p> <p>The residents 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 resident meetings, community wellbeing meetings and resident surveys. The residents and relatives interviewed were very happy with the variety of activities provided.</p> <p>A project on developing a resident memory video for residents to talk about their life if they wished has commenced. This has resulted in a rating of continuous improvement.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering medications on the days of audit. There are assessments and processes in place should any resident wish to do this. No standing orders were in use and no vaccines are kept on site.</p> <p>There are spacious treatment rooms. The medication trollies are locked away when not in use. The daily medication fridge temperatures and room air temperatures are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening.</p> <p>Twenty-two medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. The village manager explained how appropriate support advice and treatment for Māori residents can be incorporated into medication management.</p> <p>A medication audit was last completed as per the audit schedule and had corrective actions implemented where required.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A kitchen manager oversees food services. All meals and baking are prepared and cooked on site. There is a second cook and a team of kitchen hands and kitchen assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Arvida dietitian. 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. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternatives offered. Fridge and freezer temperatures are recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan.</p> <p>Chemicals are stored safely, and safety datasheets are available.</p> <p>There is a food servery area in each unit. Food is transported in hot boxes to each unit. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are also snacks and fruit platters available. The kitchen also provides meal services to the apartments.</p> <p>Residents provide verbal feedback on the meals through the resident meetings, which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals on request. Residents are offered choices at each meal. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service and the second options available. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services.</p>

		Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes in conjunction with the clinical staff for weight loss.
<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	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP and NP 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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	The building holds a building warrant of fitness, expiring March 2023. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance supervisor and two full-time gardeners. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida Group support office and is adjusted to meet the facility's needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment is completed monthly by the maintenance supervisor. Annual checking and calibration of medical equipment, hoists and scales was completed in November 2022. There are adequate storage areas for the hoist, wheelchairs,

	<p>products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture and seating, and shaded areas.</p> <p>This audit verified the reconfiguration of 17 licence to occupy rooms to be utilised for rest home level care. The rooms were verified as suitable to provide rest home level care. Each room is spacious, and provides adequate space for rest home level residents using mobility aids.</p> <p>The care home (dual purpose units) has separate dining area/lounges. Additionally, there are several smaller areas to create a more home-like environment. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There is a library, and a large community room to accommodate whole facility events. There is a sensory room. The corridors and bedrooms are carpeted. Vinyl surfaces are in all bathrooms/toilets and the kitchen. Corridors are wide and there are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. All resident rooms in the facility are single and are ensuite. Residents and their families are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are spacious and they can personalise them as they wish.</p> <p>Serviced apartments are spacious and have full ensuite facilities. The serviced apartment area has its own separate lounge, which is light and spacious.</p> <p>The dementia wings have secure keypad entry. All resident rooms have an ensuite toilet. There is a large lounge /dining area where residents can be involved in group activities (observed). Corridors are wide and both units provide space for residents to wander. There are quiet seating areas for residents and relatives to enjoy. There is a secure garden area that is freely accessible to residents. The outdoor area has shade. There are sensory boxes with items of different textures for residents to interact with. The garden has areas of interest, including an aviary.</p>
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		<p>All showers/toilets have appropriate flooring and handrails. There are privacy locks and shower curtains. All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat pumps and wall heaters. Temperature can be controlled in the rooms.</p> <p>The village manager stated the organisation considers 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>
<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 and 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>There is an approved NZ Fire Service evacuation scheme in place. A fire evacuation drill is repeated six-monthly, and one was held in September 2022. A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with civil defence wheelie bins and a store of emergency water (tank and bottled water), and BBQs for alternative cooking. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. The facility can hire mobile emergency generators if there is a power failure.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. Information around what to do in</p>

		<p>an emergency is included in the resident's admission pack. Emergency evacuation posters are visible at emergency exits around the facility.</p> <p>The facility is secured at night. The service utilises security cameras. There is security lighting installed outside.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A clinical leader (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control and antimicrobial stewardship (AMS) 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 programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator for Village at the Park has also reviewed the data and reported on the 2022 year. There is an infection control steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Arvida support office and Te Whatu Ora- Capital, Coast and Hutt Valley.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-</p>

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<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>	FA	<p>The village manager supports the designated infection control coordinator. During Covid-19 lockdown there were regular zoom meetings with Arvida support office which provided a forum for discussion and support. The service has a robust pandemic plan, which includes the Covid-19 response plan, which details preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed Altura education and attended a training session through Te Whatu Ora- Capital, Coast and Hutt Valley. There is good external support from the GP, laboratory, Arvida Group support office and Te Whatu Ora - Capital, Coast and Hutt Valley infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service is working towards incorporating monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. Regular internal infection control and environmental audits occur as scheduled. The service incorporates te reo information around infection control for Māori residents and encourages culturally safe practices, that acknowledge the spirit of Te Tiriti. Posters regarding good infection control practice were displayed in English and te reo.</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</p>

		<p>plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There are policies that include aseptic techniques for the management of invasive procedures (eg, wounds) to minimise HAI. The Arvida infection control specialist is involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the clinical manager, village manager and Arvida Group. The Arvida Group infection control specialist provides consultation during the design of any new building or when significant changes are proposed to an existing facility.</p>
<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, infection control and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator has completed a post graduate diploma in health science which included a section on antimicrobial stewardship. The infection control coordinator is working in partnership with the GP to implement best practice strategies at Village at the Park.</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</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</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Te Whatu Ora- Capital, Coast and Hutt Valley for any community concerns. There have been four outbreaks since the previous audit (Covid in June, July, October, and November 2022) which were managed and reported appropriately. There were ready-made isolation kits and posters available to ensure consistency. All households (units) were kept separate (in a bubble), and staff were cohorted to that bubble. Staff wore PPE. Residents and staff completed rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted.</p> <p>The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned'.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice</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>room in each area. Each sluice room has a sink and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There is dedicated laundry staff seven days a week. The laundry has clean and dirty entrances and a defined workflow. Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate PPE clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The village manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility restraint minimisation training for staff, begins during their orientation, and continues annually.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint covers the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval is sought when any resident be unable to consent to the use of restraint. Any impact on family/whānau is also be considered.</p> <p>A review of four files for residents requiring six restraints (four bed rails and two lap belts) included assessment, consent, monitoring, and evaluation. The GP is involved with the restraint approval</p>

		<p>process. Family/whānau approval is gained and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. The restraint coordinator reported that staff have an excellent understanding of restraint minimisation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Four files reviewed of residents using restraint evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. Documentation also details: the date; time of application and removal; risk/safety checks; food/fluid intake; pressure injury prevention; toileting; and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with the policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the staff and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to</p>

		<p>eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings.</p> <p>A procedure is in place for emergency use of restraint. No emergency restraint has been required in the facility since the previous audit.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.</p> <p>Staff monitor and report restraint related adverse events while restraint is in use. No incidents have occurred when restraints were used.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs, ENs and wellness partners), confirmed that the use of restraint is only used as a last resort.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The wellness leader conceived an idea to develop a resident memory video for residents to talk about their life and share their experiences and history on video. After discussion with management, a quality project was commenced to capture residents’ life story memories on video with the resident’s consent. The video helps the resident share memories with family, and to preserve residents’ memories for themselves, present family and future generations. The project also aimed to enhance engagement between staff and residents by sharing residents’ life story videos with staff, with the residents’ consent. The project details were fully described to residents and informed consent was gained, including who the residents wished the video to be shared with.</p>	<p>In July 2022, the wellness leader procured a camera, a quiet space to shoot footage, a laptop to edit and USB sticks for residents to gift the video to family for the project.</p> <p>Video footage was taken of residents reminiscing with family and telling stories of their past. This included Covid -19 lockdown Zoom calls being captured, with the consent of family participating. The wellness leader also talked to family who brought in photos of the resident, which were filmed and matched with the resident’s narrative.</p> <p>The maintenance coordinator is a photography enthusiast, and he filmed the footage. The wellness leader directed and edited the footage to produce the video. The aim was to help residents share their thoughts, and special messages to family. To gift videos to family for family to learn and preserve</p>

			<p>ancestral history. To help residents to feel loved, respected and valued, which would enhance their psychological and therefore physical wellbeing and outcomes.</p> <p>The videos shared with staff also helped staff to understand residents' perspectives better.</p> <p>The project included a full investigation into storage and disclosure of residents' private information, with the informed consent of the resident and the resident agreeing and consenting to who they wished to be filmed with and who could see the video.</p> <p>Consideration of the possible fast deterioration of residents' conditions and frailty and family expectations, and communication with family regarding this was made. Covid – 19 lockdown limitations were considered, and correct processes implemented. Each resident had editing capability of the final product. Cultural requirements and respect of diversity and residents and families' opinions are considered and implemented.</p> <p>Involvement and engagement with family occurred to inform and gain consent from them if they wished to be filmed. The facility ensured everyone filmed was listened to and given sufficient time to speak. A plan of flexibility was given with each video, reflecting each resident's wishes and needs and also to reduce and resolve any possible barriers to the resident. Residents are given appropriate timescales for their video to be completed. Staff were informed of the project and asked for their feedback.</p> <p>Several residents have already taken up the option of having the video taken and the option remains open for residents ongoing. Residents have the option of having their video launched in the cinema room at the facility and inviting family and staff to the launch with them. Launch posters inviting staff were also displayed on staff noticeboards and discussed at</p>
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			<p>meetings.</p> <p>The wellness leader evaluates feedback from residents and family following video completions. To date, all residents and family have given excellent feedback. Narrative feedback included:</p> <ul style="list-style-type: none"> • “Thank you so much for organising Mums video launch. We all have now a treasure to keep with us and Mum really loved reminiscing her travel and work life with us.” • “I was delighted to watch the presentation of the video. This is a wonderful idea. Thank you for all you have done to support my cousin to achieve such a treasure for her son, grandson, and future generations.” • “Grandma looked so happy and said this has been the most beautiful day of her life. She enjoyed celebrating her 100th birthday and watching her video. Thank you for capturing grandma’s special moments in the video for us. This is a treasure to keep.” • “Thank you for organising such a lovely afternoon tea for the life history video. A lovely afternoon indeed.” <p>Staff feedback has been very positive. Staff have stated it helped them understand the residents and their needs better.</p>
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End of the report.