

# Lauriston Park Living Well Limited - Lauriston Park

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## Introduction

This report records the results of a Partial Provisional 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:** Lauriston Park Living Well Limited

**Premises audited:** Lauriston Park

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

**Dates of audit:** Start date: 19 April 2023 End date: 19 April 2023

**Proposed changes to current services (if any):** Lauriston Park is a modern, spacious, purpose-built facility, built within an established retirement village in Cambridge. The care centre is across two floors. The design of the facility embraces Arvida's living well model, with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 50 dual-purpose beds across 6 households (each household has either 8 or 9 beds) and a 13-bed secure dementia unit. All rooms in the care centre are licence to occupy units. The service plans to open from 29 May 2023.

The service was also verified as suitable to provide hospital (medical) level care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Lauriston Park is owned and operated by the Arvida Group. Lauriston Park is a modern, spacious, purpose-built facility, built within an established retirement village in Cambridge. The care centre is across two floors. The design of the facility embraces Arvida's living well model, with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 50 dual-purpose beds across 6 households (each household has either 8 or 9 beds) and a 13-bed secure dementia unit. All rooms in the care centre are licence to occupy units. The service plans to open from 29 May 2023.

This partial provisional audit was undertaken to assess the new purpose-built care facility. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management. The service was also verified as suitable to provide hospital (medical) level care.

The village manager at Lauriston Park has been the village manager for the last five years and has been fully involved in the setting up of the new care facility. She is supported by an experienced aged care clinical manager.

The audit identified the design of the households (including the dementia household), staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

Improvements are related to opening of the new facility, including completing induction, certificate of public use, staffing, and landscaping.

## **Ō tatou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

There are several governance bodies within the Arvida Group. The Arvida Wellness & Care Team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa section and referenced to legislation where appropriate. This team leads the Attitude of Living Well across Arvida's retirement communities to ensure resident experience aligns with the Arvida mission and vision.

Data is captured by the Wellness Systems Manager on a monthly and quarterly basis to review specific agreed clinical Indicators, both internally, nationally and with other service providers, with the goal of improving outcomes within the care communities.

The strategic plan allows for review of overall goals, based on the needs of the village communities. The management team have established relationships with Māori in the community.

There is a Lauriston Park business plan and transition plan around the opening of the care centre.

Arvida's 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 family/whānau as much as practicable.

Lauriston Park have developed a number of draft rosters as resident numbers increase across the new facility.

There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified, or the monthly organisational learning focus and challenges.

The service has Human Resource (HR) policies; HR recruitment processes; a comprehensive induction orientation and training package; documented job descriptions; new employee package; employee handbook; and Attitude of Living Well training package and resources. A two-week induction programme is being provided for all new staff in May 2023 prior to occupancy.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The attitude of living well policy describes the organisations framework for activities. The activity programme aligns with the Wellness model of care including eating well, resting well, thinking well, engaging well, and moving well.

The service intends to employ a wellness leader to oversee the activity programme at Lauriston Park. The wellness leader will provide individual and group activities and guide Wellness partners (caregivers) to complete activities with the residents. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time.

Medication policies reflect legislative requirements and guidelines. There are medication rooms situated on level 1 (ground floor) and level 2. The registered nurses and designated wellness partners are responsible for administration of medications. Education and medication competencies are to be completed during the induction weeks.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. Each household has their own kitchen and dining area. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

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

The care centre is built over two floors. There is lift access between the floors. The resident areas are fully furnished, and carpet and vinyl are laid. Furniture has been purchased and is yet to be placed in the dining rooms and lounges.

All resident suites are spacious with large windows or sliding doors. Each suite has a kitchenette area and spacious ensuite. The corridors are wide and there is easy access to all areas and both floors for residents using mobility aids. The dementia unit is light and spacious with a number of lounges and access to outdoor areas.

The service has a maintenance team employed. Preventative and reactive maintenance schedules will be implemented.

The fire evacuation plan has been approved. There are emergency exits clearly identified. Organisational emergency preparedness policies and procedures are available, and staff will receive training around emergency management during the induction period.

There is a call bell system linked to staff phones. There are security procedures in place.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator will initially be the clinical manager. Education is to be provided to staff at induction to the service and is included in the education planner. Antimicrobial medicine data is to be collated and monitored monthly. Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs and will include Lauriston Park.

There is a laundry situated on the ground floor in the service area. Lockable cleaning trolleys have been purchased.

## **Here taratahi | Restraint and seclusion**

The Arvida Board is committed to the elimination of restraint use, and this is being actively monitored across the organisation by the Wellness & Care Team. Restraint benchmarking data across other Arvida facilities is reported to the Board monthly.

There is a comprehensive restraint policy to guide the safe use of restraint, should it be assessed as required. The facility restraint minimisation training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.

The clinical manager is appointed as the restraint coordinator and will provide support and oversight for restraint management in the facility.

## 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	9	0	5	0	0	0
Criteria	0	86	0	8	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 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>Lauriston Park is owned and operated by the Arvida Group. Lauriston Park is a modern, spacious, purpose-built facility, built within an established retirement village. The care centre is to operate across two levels. There are a total of 50 dual-purpose care suites across the two floors and a 13-bed dementia unit on the ground floor. All 63 rooms are licence to occupy units. The service plans to open on 29 May 2023.</p> <p>The design of the facility embraces Arvida’s living well model, with each dual-purpose wing designed as a small 8-9 bed household. Each household is designed as a small stand-alone household, with its own kitchen and lounges. The dementia unit is also designed as a 13-bed household.</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent team of five professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the Arvida Executive Team. Arvida Group’s Board of Directors are committed to ensuring best-practice governance</p>

	<p>structures and high ethical standards are maintained within the Arvida Group.</p> <p>The Arvida Executive Team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The Executive Team comprises of eight experienced executives.</p> <p>The Chief Executive Officer and Chief Financial Officer are the Directors of the subsidiary companies that operate the individual villages.</p> <p>There are various teams in the support office who provide oversight and support to the village managers. These include the Wellness and Care Team, Village Services, Information Technology, People and Culture (includes the Health and Safety Manager) and Finance and Accounts.</p> <p>The organisation has established a Health Equity Board. This Board is responsible for reviewing the implementation of Ngā Paerewa, monitoring of performance goals and reviewing the groups health equity strategy. The Group Health Equity Board ensures services are delivered that improve outcomes and achieve equity for tāngata whaikaha. This is reviewed through resident meetings, resident surveys and capturing and analysing clinical indicator data.</p> <p>A separate Māori Advisory Committee has been established. This Committee report to the Health Equity Board. The committee is responsible for establishing initiatives to ensure that operational practices are appropriate and improve outcomes that achieve equity for Māori.</p> <p>The Arvida Wellness &amp; Care Team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa section and referenced to legislation where appropriate. This team leads the Attitude of Living Well across the retirement communities to ensure resident experience aligns with Arvida's mission and vision.</p> <p>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. Lauriston Park has developed their own specific</p>
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	<p>goals to align with the business plan.</p> <p>Village Managers work with a network of senior staff who act as support partners to provide support and mentoring to village manager's, reporting through the senior leadership and executive teams, to the Board. The village manager (VM) at Lauriston Park has been village manager for the last five years and has been fully involved in the setting up of the new care facility. They are supported by an experienced aged care clinical manager. A new village manager commences 26 April 2023. The new VM comes with significant aged care management experience.</p> <p>The village manager meets regularly with her support partner, and goals, strategies and issues are addressed and escalated as appropriate to the relevant support office expert or to the Executive Leadership Team (ELT). The ELT meet (virtually) weekly, and the Board meets monthly.</p> <p>The strategic plan allows for review of overall goals, based on the needs of the village communities. The village manager has established relationships with Māori in the community, including the local iwi.</p> <p>Arvida's 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. The business plan identifies that active participation is encouraged by the clinical team and care planning is discussed and reviewed in partnership with the resident and their family/whānau at regular intervals.</p> <p>An Arvida Māori Health Committee has been established, whose role will include providing input into our existing structures and operational policies to ensure they support the Arvida vision and mission and better reflect equitable outcomes. Arvida has a contracted Māori consultant available for 2023, to support policy review, Te Reo, Te Tiriti, and tikanga Māori training and additional support to their communities. This position is a one-year tenure contract, and further review of this will occur in 2024. The Māori advisor has provided Te Tiriti, Te Ao Māori and tikanga in community leadership sessions to executive management and the wider Village network.</p> <p>The clinical manager at Lauriston Park has the role to lead clinical</p>
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		<p>governance within the care centre. This role is supported by the village manager and their support partner. The Wellness and Care team (based in the Support Office) provides a specialised team to support best practice in a number of clinical areas – specifically the Head of Clinical Governance and the Head of Clinical Quality - for example medication management, pressure injury, dementia care, all of which have access to expert advice, when and if required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is an Arvida Staffing Rationale policy and Lauriston Park opening and transition plan. Lauriston Park have developed a number of draft rosters as resident numbers increase across the new facility.</p> <p>There is also a detailed workforce planning tool in pilot which allows managers to more accurately predict how many team members they will need in place, based on the agreed safe staffing ratios.</p> <p>The draft roster identifies that there is a wellness partner (caregiver) rostered AM and PM shift in each of the households. A registered nurse is rostered on each floor across 24/7 and the clinical manager 8 am – 4.30 pm Mon- Fri.</p> <p>A number of draft rosters have been developed for the opening of all floors/ households and demonstrates an increase in staffing as resident numbers increase. The draft rosters also consider the assessed level of residents and has flexibility for the acuity of residents.</p> <p>The management team are in the process of interviewing for staff for the opening of the facility. The manager stated they have had considerable interest in positions so are feeling confident about covering all shifts. There have been 23 registered nurse applications for positions, with one registered nurse employed to date. The service is planning to take on five RNs initially for the opening of the service. More will be employed at the next phase (mid-June). Initially the clinical manager will oversee the dementia household. Phase 2 will bring an RN on with a focus on dementia. There have been a large number of applicants for caregiver positions (Wellness Partners) and the plan is to initially employ 10 Wellness Partners in line with the transition and</p>

	<p>opening plan.</p> <p>The Arvida people and culture team continues to develop and grow, and a number of specialist roles and expertise has recently been added, including employment relations and recruitment.</p> <p>There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified or the monthly organisational learning focus and challenges. Altura learning is captured on the individual staff member's learning and development file. Staff and residents are encouraged across Arvida to participate in Attitude of Living Well training and regular household meetings to maximise participation in their household activity.</p> <p>In addition, staff across Arvida have access to training which includes: Lippincott online, Frailty Care Guide, monthly challenges, and focused village learning (eg, palliative care training, specialised wound care training).</p> <p>The organisation has mandatory competencies which include: safe moving and handling; medication competency; hand hygiene/infection prevention and control (annually); fire safety; and emergency management (six-monthly). These will be completed during the induction weeks (link 2.4.4).</p> <p>Wellness partners (caregivers) will be supported to complete Careerforce.</p> <p>The Arvida People and Culture team is designed to strengthen the people and culture function and provide improved organisational support, feedback, and staff health equity expertise as part of this process. This team are currently mapping gaps in delivery to standards and are developing and implementing programmes across Arvida to address identified gaps.</p> <p>Currently, Arvida supports an employee assistance programme 'Raise' across the organisation, which is available to all staff.</p> <p>They also conduct a quarterly employee survey which provides regular feedback on their team's engagement levels and wellbeing.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training packages, documented job descriptions, a new employee package, employee handbook and Attitude of Living Well training package and resources. Individual HR files are kept for each staff member and this information is currently being captured on the Time Target system for staff and will be in individual files for GP's and allied health professionals. The service validates professional qualifications as part of the employment process. The service has a contract with a local GP medical provider. The GP/NP will visit initially once a week and increase to four days as resident numbers increase. The GP service will be available on call (by phone or text) after hours.</p> <p>There is a contracted physiotherapist confirmed that will provide three hours initially a week. A contract is in place with a local pharmacy and a podiatrist.</p> <p>A two-week induction programme is being provided for all new staff from 15 May 2023 prior to occupancy. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling; infection prevention and control; hand hygiene; and restraint. Staff induction also includes training in the Attitude of Living Well (which focuses on resident led care).</p> <p>Formal performance appraisals and development plans for staff follow the organisational process, which includes a comprehensive induction, three-monthly performance discussion, annual performance appraisal and development planning meetings.</p> <p>Ethnicity data information is captured in the payroll and Time Target systems. However, the organisation is currently exploring the introduction of a comprehensive HR system which will capture this information in one central system.</p> <p>Staff will have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by management.</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>The attitude of living well policy describes the organisations framework for activities. The activity programme aligns with the Wellness model of thinking well, engaging well, eating well, resting well and moving well.</p> <p>The service intends to employ a wellness leader to oversee the activity programme at Lauriston Park. The wellness leader will provide individual and group activities and guide wellness partners (caregivers) to complete activities with the residents. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time.</p> <p>Community visitors may include volunteers, church services, school children, local iwi, and entertainers. The service has purchased a 12-seater van for outings into the community.</p> <p>Activities will be held in the large communal lounge on the first floor, and smaller group activities can run concurrently in the smaller household lounges. The dementia unit has a large activity area and a separate lounge/dining and also a quiet lounge.</p> <p>Household meetings will be held regularly to provide resident input into the activity programmes.</p> <p>The service ensures their staff support Māori residents in meeting their health needs and aspirations in the community. Te Reo is encouraged through the use of Māori words. Māori language week and Matariki is part of the activities calendar.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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>PA Low</p>	<p>There are organisational medication management policies in place. There is a contract in place with a pharmacy who will deliver medications to the facility. Robotics will be used for all medications. The service will implement the electronic Medimap medication system. There are medication rooms situated on the ground floor (one between two dual-purpose households and one in the dementia household) and two medication rooms on level one for the four dual-purpose households. The medication rooms were all fully fitted with adequate cupboard and stainless-steel bench space, a locked controlled drug</p>

		<p>safe, and medication fridge. The rooms were all secure with swipe card access. The medication rooms have security cameras fitted, and good lighting. Medication rooms are temperature controlled to ensure a steady room temperature is maintained.</p> <p>All resident's routine medications will be stored in a locked cupboard in the resident's ensuite, which is moisture proof. All controlled drugs and 'as required' drugs will be stored in the medication rooms. Medication will be administered by medication competent staff and will include RN's, EN's and Level 3 or 4 wellness partners (caregivers). The registered nurses will complete syringe driver competencies. All competencies related to medications will be completed prior to occupancy and annually thereafter.</p> <p>Arvida have policies and procedures in place for any residents who wish to self-administer medications. These competencies must be completed and reviewed on a three- monthly basis for any residents wishing to self-administer medications.</p> <p>Arvida do not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system. All residents will be supported to access medication as they choose.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen is situated on the ground floor and is fully furnished. There is a walk-in pantry, chiller, and freezer. The service has employed a kitchen manager and a barista and is currently interviewing for more food service staff (link 2.3.1). Meals will be transported to each household in hot boxes and served from the kitchens in each household. All resident rooms have kitchenette areas also. Hobs and microwaves in resident rooms can be disabled/locked if required for safety.</p> <p>Menu development follows Arvida 'Eating Well' requirements. The Lauriston Park menu has been developed from Arvida's base menu. The menu contains 'resident choice' slots each week for spontaneous resident requests which are encouraged to be shared in a weekly food services manager (FSM) and resident meeting (eg, residents want to try a recipe following watching a cooking show). Food preferences and</p>

		<p>cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, family and/or own recipes for the village menu.</p> <p>The menu also contains a themed meal once over the four-week cycle which will be planned between the FSM and the residents, encouraging resident driven cultural themes. Pure Foods develops a menu which closely matches the base menu and includes a varied range of meal and dessert options.</p> <p>Other specific dietary needs, intolerances and/or allergies are carefully planned alongside residents and Arvida's national dietitian. As per the organisations Eating Well Pillar, residents are encouraged to participate in aspects of food services as appropriate. Residents who will reside at Lauriston Park will be encouraged to assist with folding napkins, setting tables, sharing/teaching staff and performing traditional methods of cooking as appropriate (eg, hangi).</p> <p>As per the Dietitians NZ audit tool, the dining environment is audited alongside each menu audit cycle. In addition, Arvida's employed national dietitian will review the dining room environment in relation to up-to-date research, as well as resident requests, needs and personal/cultural preference. The audit encompasses meal presentation; menu visibility; appropriately designed dining room and menu; appropriate equipment for residents; and ensuring appropriate resident led decisions in making the dining room their home.</p> <p>Lauriston Park's Food Control plan (FCP) has been updated with MPI to encompass the new kitchen and larger scope. It remains part of Arvida's multi-site FCP.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	<p>PA Low</p>	<p>The new care centre is built across two floors. The facility has been designed in a household configuration in accordance with the Arvida 'living well' model of care.</p> <p>Central heating is designed throughout the Care Centre and each room (both communal and within resident's care suites) can be individually set to the desired temperature. These settings all have safety locks.</p> <p>While each household has their own lounge area, there is also a</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>spacious lounge area on level two for large groups and entertainment. Residents and families will also have access to a café, and whānau room. There are visitors/ disabled toilets situated close to communal areas. Each dining room and kitchen in each household has safety measures in place; for example, there is a tap with a safety lock fitted which provides boiling water.</p> <p>All equipment has been purchased new, which includes (but is not limited to): king single hi/low beds; lazy-boy chairs for each resident room; medical equipment including blood pressure machines, oxygen concentrator etc; pressure injury prevention equipment; shower chairs; commodes and continence equipment; wheelchairs; falls protection equipment, including sensor mats; weigh scales; and a range of mobility equipment.</p> <p>Dual purpose units (level one and two)</p> <p>The six dual purpose households are fully completed and furnished. In line with the living-well model, a home-like desk is stationed in the lounge area for staff to complete computerised notes as needed, rather than a specific nurse's station. There is a specific nurse's room on level two for private conversations. Each household of eight or nine resident rooms has an open-plan lounge/dining area and kitchen. There are handrails in ensuites. All resident rooms have tracks for ceiling hoists fitted and all communal bathrooms have sensor lights fitted. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose units for storage of mobility equipment. All resident rooms have large windows or ranch slider doors. Corridors are wide and provide access to all communal areas for residents using mobility equipment.</p> <p>Dementia unit (level one-ground floor):</p> <p>The dementia unit (13 beds) is on the ground floor (level one). The unit is fully completed and furnished. There is key pad entrance to the unit through an electronic walled iPad that allows visitors to talk to staff and gain access to the unit.</p> <p>There are handrails in ensuites. Each resident room has a small kitchenette and spacious ensuite. There is a use of colours in the</p>
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		<p>ensuite, including a different colour toilet seat and sensor lights. All rooms and communal areas allow for safe use of mobility equipment. The unit's design and equipment purchased, specifically consider residents with confused state. There is a centrally located spacious open plan lounge and dining area and another large lounge area available for group activities. There is a quiet room at the end of the hallway.</p> <p>The new unit has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the new unit for storage of mobility equipment. A nurse's office is contained within a large cupboard off the dining area that be kept open or closed.</p> <p>The dementia unit has a landscaped outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There are other doors from hallways to the outdoor area which provide a circular path for wandering. The outdoor area includes (but is not limited to) directional paths with raised gardens, shade, and seating. There were some identified landscaped hazards which require reviewing.</p> <p>The facility has yet to obtain a full Certificate of Public Use.</p> <p>Arvida has developed preventative maintenance schedules which will be implemented at Lauriston Park. There are two maintenance staff employed. Hot water systems have been fitted, and temperatures checked as part of the requirements for the issuing of the stage one CPU.</p> <p>This building project received Resource Consent in 2019. At that time, there was no specific consultation with or codesign with Māori. This, however, has been incorporated in future development projects. The land was blessed by local iwi before building. The manager stated that local iwi has been invited to have a walk-around the new care centre, to provide cultural advice prior to occupancy and they will also be invited and have input into the opening ceremony.</p>
Subsection 4.2: Security of people and workforce	PA Low	The fire evacuation scheme has been approved by the fire service on

<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>21 March 2023. Arvida have a suite of policies and procedures in relation to emergency preparedness. Fire exits and signage has been installed throughout the facility. Emergency equipment, including an advanced resuscitation bag and evacuation chairs, have been purchased. Fire safety training, specialised fire warden training for senior staff and first aid training, are planned to occur during the induction weeks prior to opening. Arvida education schedules include these topics as ongoing education annually.</p> <p>There are adequate emergency water supplies with a large emergency water tank in the outdoor domestic pump room. Emergency lighting lasts for four hours and a civil defence room within the care centre will be setup with a checklist of supplies. Communication – medimap electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. There is no on-site backup generator; however, any prolonged power outage would trigger the requirement to hire a back-up plug-in generator for the site.</p> <p>Selected beds have safe sense systems in place to provide an early warning system for residents who are identified as potentially high falls risk. There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to cell phones. There are no indicator lights installed as a privacy measure. Call bells are installed in resident ensuites, resident rooms and all communal areas.</p> <p>The Care Centre site is gated on three sides and the entrance covered by CCTV. The Care Centre itself will be locked at agreed times – seasonally adjusted. Armorguard provides security services, which includes three times nightly site checks. There are security cameras located in corridors throughout the facility. Breaches of security are escalated to the RN on duty and the village manager. The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call after hours to access the facility.</p> <p>Information on fire and emergency is available as part of resident information provided and staff induction.</p>
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<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>The Infection Prevention and Antimicrobial Stewardship Programme, known as the Infection Prevention Programme (IPP), is supported at the executive (governance) level within the Arvida Group. The IPP is reviewed on an annual basis, and the updated draft forwarded to all villages/care communities for consultation and comment, before being finalised. The Wellness &amp; Care Systems Manager collates data monthly on incidents and rates of healthcare associated infections (HAI), which is first presented to and discussed by the Wellness &amp; Care Team. Data is benchmarked monthly and emailed to villages, to support their quality programme. Representatives can input into the Infection Control Steering Group. Data is regularly presented to the Executive Team and the Directors, identifying any trends and actions.</p> <p>The Infection Control Steering Group, which is comprised of representatives from several Care Communities who meet monthly, are available to support all villages in infection prevention and control and provide expert advice as and when needed. In addition, Te Whatu Ora IPC specialist teams provide local /regional support and advice as and when needed.</p> <p>The IPC programme policy 2022 identifies scenarios when expert advice may be required and who to contact, including a consultant virologist.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager at Lauriston Park will commence in the role as IPC coordinator. There is a job description available. The clinical manager has completed external training in infection control. It is anticipated that this role will be delegated to one of the registered nurses once the care centre is fully staffed.</p> <p>There are a suite of infection control policies and procedures available to staff, including (but not limited to): outbreak management; vaccinations; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies reflect the spirit of Te Tiriti.</p> <p>The Infection Control Steering Group, which is comprised of</p>

		<p>representatives from several care communities, who meet monthly, is available to support all villages in infection prevention and provide expert advice as and when needed. The group has approved the overall infection prevention programme and has input into policies and procedures.</p> <p>A pandemic plan is in place at both an organisational and local level. Support and learning resources are made available by the Arvida Support Office as and when required. The plan includes (but is not limited to): Virology consultant advice; pandemic response team; daily/weekly updates and team's meetings; and procurement support as required.</p> <p>IPC training is completed as part of induction and as part of the annual training plan. Training is to be led by the IPC coordinator and includes Altura online training and additional IPC support from Te Whatu Ora specialist IPC team as required. Training is planned for the induction weeks prior to opening (link 2.4.3).</p> <p>There is an internal audit schedule that includes IPC Practice to Policy and Outbreak Management Review Audit.</p> <p>Personal Protective Equipment (PPE) is ordered by each site and through the Arvida Group support office and a comprehensive stock balance is maintained to support any outbreak. Adequate PPE stocks were available for opening. The IC steering group and Head of Clinical Quality and Head of Clinical Governance have both had input into the design and location of hand basins/ hygiene stations etc. There are hygiene stations located in each household.</p> <p>Policies include single use items, healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around sharing medical devices, such as stethoscopes.</p> <p>As an organisation, the Māori Health Advisor/Māori advisory committee will consult with the infection control personnel and committees as and when required.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	The infection control programme is documented in a suite of policies. The AMS programme is documented in section 12 of the IC

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>programme. Monthly quality data related to infections, including the quantity and duration of antimicrobial use associated with individual residents, will be collected and this was described. The clinical manager interviewed stated RNs will follow the policy definition of healthcare associated infections for surveillance, to determine whether a resident does meet criteria for an infection before liaising with their GP. There is a contract with a local medical provider (GPs) who will work in partnership with the staff around the AMS programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Monitoring and benchmarking systems (eCase electronic system) are in place to capture surveillance data. Infection monitoring will be the responsibility of the infection control coordinator. All infections are to be entered into the electronic database, which generates a monthly analysis of the data. Standardised definitions are utilised. The CM described processes that will be implemented, including end of month analysis that will include trends identified, and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data will be captured. Benchmarking occurs across Arvida and between other groups. Outcomes are to be discussed at the infection control team meeting, clinical, quality, staff, and management meetings when commenced.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>The dementia unit has a resident laundry with a washing machine, dryer, and ironing board to facilitate resident's undertaking their own personal laundry, with support by staff. Adequate lighting is provided, and there is adequate space for small amounts of washing. The main laundry is fully fitted out with two commercial washing machines and two commercial dryers. The laundry is in the service-area of the ground floor and includes a dirty to clean flow. A contracted company has been sourced who will be providing chemicals. Linen trolleys have been purchased. There are adequate centrally located linen cupboards</p>

		<p>on each floor.</p> <p>Lockable cleaning trolleys have been purchased, and there are secure cleaning cupboards designed to store cleaning equipment and trolleys when not in use.</p> <p>There are sluice rooms on each floor which are fully fitted and furnished. Each sluice room has separate handwashing facilities and a sanitiser, and adequate bench space with a large basin.</p> <p>All household staff and care staff will attend chemical training as part of their orientation (link 2.4.4). There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator.</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 Arvida Board is committed to the elimination of restraint use, and this is being actively monitored across the organisation by the Wellness &amp; Care Team, in particular the GM Wellness &amp; Care and the Dementia Wellbeing Coach. Restraint benchmarking data across other Arvida facilities is reported to the Board monthly.</p> <p>There is a comprehensive restraint policy to guide the safe use of restraint should it be assessed as required. Prior to the implementation of restraint, all other clinical measures must have been tried and outcomes documented, including a comprehensive and transparent assessment, with evidence of family/whānau and resident discussion. The GM Wellness &amp; Care and Dementia Wellbeing Coach are also to be notified.</p> <p>The facility restraint minimisation training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.</p> <p>The restraint approval process is described in the restraint policy, and procedures provide guidance on the safe use of restraints. The clinical manager is appointed as the restraint coordinator and will provide support and oversight for restraint management in the facility.</p> <p>Restraint is only to be used as a last resort when all alternatives have been explored. Review of restraint use is to be discussed at quality and staff meetings.</p>

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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>A number of draft rosters have been developed for the opening of both floors/ households and demonstrates an increase in staffing as resident numbers increase. The draft rosters also consider the assessed level of residents and has flexibility for the acuity of residents.</p> <p>The management team are in the process of interviewing for staff for the opening of the facility. The manager stated they have had considerable interest in positions, so are feeling confident about covering all shifts. Staff are yet to be employed to cover the opening roster.</p>	The service is currently interviewing to employ sufficient number of staff to cover the initial roster on opening, this includes registered nurse cover 24/7.	<p>Ensure staff are employed to safely cover the opening roster, including registered nurses to cover 24/7.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall</p>	PA Low	The management team are in the process of interviewing for staff for the opening of the facility. The manager stated they have	As only one registered nurse has been employed to date, there is	Ensure there is interRAI trained registered nurses available to complete

ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.		had considerable interest in positions, so are feeling confident about covering all shifts. There have been 23 registered nurse applications for positions, with one registered nurse employed to date. The service is planning to take on five RNs initially for the opening of the service. More will be employed at the next phase (mid-June).	currently no interRAI trained staff.	required assessments.  Prior to occupancy days
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	Induction weeks have been planned. This will include Altura training courses and competencies. All staff will complete a fire drill, and specific equipment training during these weeks. Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling; infection prevention and control; hand hygiene; and restraint.	Induction weeks scheduled are yet to occur and all staff will complete required inductions packages, competencies, and orientation to new equipment.	Ensure all inductions and competencies are completed.  Prior to occupancy days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Low	There is a policy around administration and management of medications that includes an expectation that staff who administer medication, have an annual competency and relevant training. Training is planned for staff to complete medication competencies on orientation to the service.	Staff who will be administering medications have not yet completed medication competencies.	Ensure all staff administering medications have competencies completed.  Prior to occupancy days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for	PA Low	All equipment has been purchased new. The resident areas are fully decorated and furnished. There is a stage one CPU obtained; however, a stage two is yet to	A stage two CPU is yet to be obtained.	Ensure the stage two CPU is obtained prior to opening.

<p>purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>be issued to allow overnight stay.</p>		<p>Prior to occupancy days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>Dual-purpose: There is a courtyard area off the central reception area of the ground floor. Landscaping/planting is in the process of being fully completed. It was noted that the paths are raised slightly above the landscaped garden areas, and this is potentially a risk for residents. Walkways with seating and shade is in place. Resident rooms on the ground floor have concrete decks off their ranch slider doors. These are raised slightly above the adjacent landscaped gardens. There is a narrow-concreted area against the building on each side of the decks to allow for water drainage. This is a potential hazard for residents due to the drop off the deck.</p> <p>Dementia: On the other side of the landscaped pathway down the side of the building is a one-meter-wide storm waterway. There is a low fence and bushes in front to distract residents from the waterway and a large, raised wall embedded into the hillside on the other side of the waterway. The waterway leads to a secure gate. There are a few identified hazards. The waterway is easily accessible by climbing over the chair and low fence. There are landscaped garden areas to the side of the decks off resident</p>	<p>There are a few external potential hazards identified. (i) Ground floor (dementia and dual-purpose). There is a narrow-concreted area against the building on each side of the raised decks leading from resident rooms and the dementia communal area, which allow for water drainage. There are a number of pathed areas in the dual-purpose courtyard area and within the dementia secure area that are raised at least 2 inches above the landscaped garden areas. These are all potential hazards for residents due to the drop off the deck and the path areas. (ii) There is an easily accessible one-meter-wide storm waterway behind a low fence and plants in the dementia secure outdoor area.</p>	<p>(i)- (ii). Ensure the risk of a resident falling off the slightly raised deck area is minimised. This also includes pathways that are raised higher than garden areas. (ii). Ensure the storm waterway is outside the dementia outdoor area.</p> <p>Prior to occupancy days</p>

		rooms (as per the dual-purpose rooms). This is a potential hazard for residents due to the drop off the decks. It was also noted that the paths are raised slightly above the landscaped garden areas, and this potentially is a risk for residents.		
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	There is a fire and emergency planning policy. Fire and emergency training is scheduled for all new staff at induction. Specialised fire warden training will be provided for village manager, clinical manager, and registered nurses.	Fire safety training, and specialised fire warden training for senior staff is planned to occur during the induction weeks prior to opening.	<p>Ensure fire training has been completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	First aid training is planned to occur during the induction weeks prior to opening.	Staff are yet to be employed and therefore there is currently not adequately trained first aiders.	<p>Ensure there is a staff member across 24/7 with a current first aid certificate.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.