

Mayfair Lifecare (2008) Limited - Mayfair Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Mayfair Lifecare (2008) Limited
Premises audited:	Mayfair Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 April 2023 End date: 21 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	61

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Arvida Mayfair Lifecare is located in Christchurch and provides hospital (geriatric and medical) and rest home care for up to 86 residents. There were 61 residents on the days of audit. Arvida Group is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of residents at all levels of care.

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

The service continues to make environmental improvements.

The village manager (non-clinical) is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager and a team of registered nurses and wellness partners.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified a shortfall around neurological observations.

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 are fully attained.

Arvida Mayfair Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau 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 are fully attained.

Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager supported by a clinical manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Mayfair

Lifecare has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Mayfair Lifecare collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau 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

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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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, and a wellness partner 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. 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 are fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single occupancy. Rooms are personalised with ample light and adequate heating.

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

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

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

Subsections applicable to this service are 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. Infection control practices support tikanga guidelines.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There is governance commitment to minimise restraint use in their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. 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 would only use 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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Arvida Mayfair is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>The village manager stated that she supports increasing Māori capacity within the workforce and will interview Māori applicants when they do apply for employment opportunities at Arvida Mayfair. At the time of the audit there were Māori staff. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with, and for the benefit of Māori. The village manager described how at a local level they have progressed to establishing relationships with the Māori community, kaupapa Māori services (Te Piki Oranga) and at Te Whatu Ora – Waitaha Canterbury. The service also has an affiliation with the local Māori wardens and have a site specific cultural advisory programme for Arvida Mayfair.</p>

		<p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Ten wellness care staff interviewed includes four registered nurses (RN), five wellness partners (caregivers) and one wellness leader described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan: Arvida Ola Manuia plan is in place. Staff have been introduced to the Fonofale model.</p> <p>On admission all residents state their ethnicity. There are currently residents that identify as Pasifika. Resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The clinical manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida Mayfair has recently engaged with a Pacific consultant to collaborate with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pasifika services information is available through He Hara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required. The service is actively recruiting new staff. There are staff that identify as Pasifika. The village manager described how Arvida Mayfair increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with fourteen (ten wellness care staff, one kitchen manager, one maintenance supervisor, one laundry assistant, one housekeeper), four managers (one village manager, clinical manager, one head of wellness and compliance, and head of clinical/quality) and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their</p>

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

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

		<p>acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff survey for November 2022 evidence a supportive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. The Arvida model of care is based on the `Attitude of Living Well` framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.</p> <p>The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on patient/resident wellbeing and to improve Māori health outcomes through clinical assessments of practice through education sessions.</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</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

<p>them about their choices.</p>		<p>Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Waitaha Canterbury specialist services. Dietitians support nutritional consultation. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical 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.</p> <p>Younger persons with disabilities are supported to maintain communication with family/whānau.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19, through emails, regular newsletters, and household meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Eight 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 and family/whānau for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p>

<p>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>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>An informed consent policy is in place that includes the guidance on advance directives. 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 or NP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the wellness partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</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>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and on the electronic resident management system. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were two complaints logged for 2021 since the last audit- one through Te Whatu</p>

	<p>Ora-Waitaha Canterbury and closed off as resolved in February 2022 after a comprehensive investigation by Arvida. A corrective action plan was implemented in relation to improvement of the handover process when transferring a resident to the hospital and improvement of room housekeeping. The corrective action plan was signed off and there were no further issues identified; a comprehensive handover and good housekeeping is embedded into practice.</p> <p>Another complaint through HDC in August 2021 and is still unresolved. Arvida has completed their own investigation, implemented a corrective action, and responded to HDC in October 2021. This complaint remains open.</p> <p>There were five complaints logged in the register for 2022 and no complaints have been received in 2023 year to date. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There were no trends identified and all complaints are closed as resolved to the satisfaction of 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 (household) meetings are held monthly where concerns can be raised. Family/whānau confirmed during their interview that the clinical manager and village manager are available to listen to concerns and act promptly on issues raised. 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. The clinical manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
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<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>Mayfair Lifecare is part of the Arvida Group. The service provides hospital (medical and geriatric) and rest home care for up to 63 residents in the care centre. In addition, there are 23 serviced apartments certified to provide rest home level of care. There are the eight dual-purpose rooms.</p> <p>On the day of audit, there were 61 residents in total; 28 at rest home level care (including eight in the serviced apartments), and 33 at hospital level care residents, including four residents on a younger person with disability contract (YPD), one on respite care and one on end-of-life support (EOL) care contract. All other residents were on the aged related residential care contract (ARRC).</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 ensure the goals are achieved and records 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</p>
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	<p>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. The establishment of Māori and Health Equity Advisory group guide vision, practice, and development to improve the outcomes that achieve equity for Māori. The village manager oversees the implementation of the quality plan. The clinical managers provide regular reporting to the village manager, which 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, inclusive, and sensitive to the cultural diversity of the communities that they serve. Arvida Group contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti and tikanga Māori training. There is a Pacific advisor that assists the organisation with the implementation of the Pacific health plan.</p> <p>The working practices at Arvida Mayfair 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</p>
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		<p>support a resident centric environment.</p> <p>The village manager (non-clinical) has been in the role at Arvida Mayfair Lifecare since May 2022 and has prior management experience in aged care. The village manager is supported by an experienced clinical manager that has been in the role since December 2022; however, worked for Arvida Group for the last five years as a registered nurse. The management team are supported by Arvida head of clinical quality, and head of wellness and compliance.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development since commencement of their employment.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida Mayfair Lifecare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement/management and health and safety meetings, bimonthly clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; 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>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed at least every three years. A Māori advisor and Māori</p>

	<p>advisory group support review of policies to provide a critical analysis to practice, improving health equity. New policies or changes to a policy are communicated to staff. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The resident and resident/family satisfaction surveys has been completed with overall satisfaction. High levels of satisfaction were indicated for clinical care, safety/security, quality of communications, grounds, and cleaning.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical manager in consultation with the allied staff, RNs, and wellness partners. The system escalates alerts to senior team members depending on the risk level. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and other aged care provider groups. Results are discussed in the quality and staff meetings.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT since the last audit, including two for RN shortages in June and July 2022, one police involvement for</p>
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		<p>reporting an intruder, and one for a resident with two stage III pressure injuries.</p> <p>There have been three Covid-19 outbreaks recorded in June 2022, November 2022 and in February 2023 and reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Arvida Mayfair Lifecare policy includes staff rationale for skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 67 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager works 40 hours per week from Monday to Friday and is available on call after hours for non-clinical issues. In addition to the village manager, the clinical manager works five days a week (Monday to Friday). There is at least one RN on at any one time. The RN on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of residents. The wellness partners interviewed stated that they have sufficient staffing levels.</p> <p>Registered nurses have 'paperwork' days once a week to catch up with interRAI assessments and care planning.</p> <p>Across the two hospital wings Cressy and Seymour (30 hospital residents including four YPD, one EOL and two rest home residents), there is one RN on duty in the morning and one RN on the afternoon and the night shift. They are supported by six wellness partners in the morning and five wellness partners in the afternoon. Night shift has two wellness partners' midnight to 7am.</p> <p>There are eight dual purpose beds in Randolph wing. In the Randolph rest home wing (18 rest home residents and three hospital residents), there is one RN on duty on the morning and afternoon shift. They are supported by three wellness partners on the morning shift. Two wellness partners in the afternoon shift and one wellness partner 4pm to 9pm.</p> <p>The serviced apartments (eight rest home residents) have a separate roster with one senior wellness partner (medication competent) on duty</p>

	<p>on the morning 7am to 3.45 pm Monday to Sunday, supported by one wellness partner 7am to 1.30pm. The afternoons have two wellness partners (one medication competent wellness partner) and one wellness partner on nightshift.</p> <p>The apartments are a wing off the main rest home/hospital. The nurses' station is in close proximity to the serviced apartment wing and registered nurses oversee the residents in the apartments. All senior wellness partners are medication competent.</p> <p>Wellness leaders (activities) are allocated to the rest home and hospital.</p> <p>There are designated food services staff, cleaning, and laundry staff seven days a week.</p> <p>There is an annual education and training schedule that has been completed for 2022 and being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff (September 2022). External training opportunities for care staff include training through Te Whatu Ora -Waitaha Canterbury, aged concern and Nurse Maude.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities. Arvida Mayfair supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 41 wellness partners employed. Nineteen wellness partners have achieved level two and twenty-two have completed either level three or level four NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All wellness partners are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), medication, handwashing, insulin administration and cultural competencies. Registered nurses' complete competencies including restraint, medication competency (including controlled drug</p>
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		<p>management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. A record of completion is maintained on an electronic register.</p> <p>Nine of nine RNs are interRAI trained. All RNs are encouraged to attend in-service training and have completed training in: critical thinking and problem solving; infection prevention and control, including Covid-19 preparedness; effective communication in the care setting; management of diabetes; dementia; and delirium.</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. Staff are provided with the opportunity to participate in an annual staff survey.</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 resource policies in place, including recruitment, selection, orientation, staff training and development. Staff files are held secure. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed, and 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. A comprehensive induction is provided, which includes a training in the Attitude of Living Well (which focuses on resident led care). A trainer coordinator assists with the implementation of the orientation and assists new staff when first starting; there are competent trainers to ensure manual handling and transfer competencies are completed (both received formal training).</p>

		<p>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>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a locked blue secure bin on site, as well as a document shredder for immediate document destruction. Arvida has a contract with Iron Mountain for storage of archived files. The village manager is the privacy officer and has to approve requests for health information from third parties. Health 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</p>	FA	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>service. Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. A clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/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. The service has relationships with local Māori communities and access to health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Eight resident files were reviewed (three rest home and five hospital). One rest home respite resident, one resident in the serviced apartments, one hospital level younger persons disabled (YPD) resident and one hospital end of life 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 family/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</p>

	<p>interim care plan completed at time of admission. InterRAI assessments for residents on the ARRC contract have been completed as per contract timeframes. Assessments, including the interRAI assessment outcomes, form the basis of the care plans. Residents not on the ARRC contract had a suite of appropriate risk assessments completed. The long-term care plans were developed and reviewed within expected timeframes and had comprehensive holistic interventions documented to meet all medical needs and social preferences.</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 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/whānau. 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) within five working days of admission and the GP reviews each resident three-monthly. The service has two contracted GP's who each visit weekly. The GP interviewed provides after hours support for prescription changes, telephone consultations and end of life care. Outside of this, there is a 24 hour after hour service available if required. The clinical manager is also available for after-hours calls and advice. On interview, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health and specialist interventions were documented</p>
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	<p>and integrated into care plans (eg, podiatry, dietitian, mental health team and speech language therapy). A physiotherapist visits weekly for a total of four 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. Progress notes are written daily and as necessary by wellness partners and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with the GP. Family/whānau are notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were fourteen wounds documented in the current wound register. This included one resident with a stage I pressure injury, skin lesions, a surgical wound, a venous ulcer, and skin tears. Pressure injury 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. The policy requires clinical oversight and direction to discontinue observations after policy timeframes of four hours; however, this was not always evidenced. Family/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager, who reviews every adverse event.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a wellness leader who leads the activities programme and has a level 4 qualification in health and wellbeing and has commenced her diversional therapist training. The wellness leader is allocated to the hospital wing and works Sunday to Thursday. They are supported by wellness partners that work 7am to 3pm and are assigned to the rest home and apartment areas. All activities staff have first aid certificates. The overall programme has an integrated resident led activities programme that is appropriate for all residents. Wellness partners in the rest home 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; housie; happy hour; walking groups; van drives; pet therapy; cooking and crafts. On the day of audit, residents were participating in exercises and housie. The programme allows for flexibility and resident choice of activity. One-on-one activities are available, as well as group activities. There are plentiful resources. The facility has a raised vegetable garden and garden areas which are tended by residents. Rest home residents in the serviced apartments join the main activities as they wish.</p> <p>There are regular weekly 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 ensures their staff support Māori residents in meeting their health needs and aspirations in the community. Te reo Māori is encouraged in resident newsletters, meetings and during events. Māori language week and Matariki is part of the activities calendar. On interview, the wellness leader confirmed an arrangement with a kapa haka group from a local school to perform at Arvida Mayfair.</p> <p>There are seating areas where quieter activities can occur.</p> <p>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-</p>
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		<p>monthly. The service receives feedback and suggestions for the programme through resident meetings, community wellbeing meetings and resident surveys. The residents and family/whānau interviewed were very happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in 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 blister packs. An 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 two dedicated medication cupboards and medication storage in the rest home nurses station. The medication trollies are locked away when not in use. The weekly 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>Sixteen medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p> <p>‘As required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system. All medications are charted as either regular doses or ‘as required’. Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for</p>

		<p>Māori residents is 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. All food services staff have completed online food safety training last provided in August 2022. 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 family/whānau 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>The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the rest home and hospital dining rooms. Meals are delivered in the bain-marie to the serviced apartments kitchenette for serving. 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 tea and coffee making areas available for residents and families/whānau to use.</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</p>

		<p>manager stated they can provide cultural meals on request. Residents are offered choices at each meal. Resident surveys are completed annually. The October/November 2022 survey results evidence marked improvement on results from the previous year. 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> <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>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau 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/whānau were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people</p>	FA	<p>The building holds a building warrant of fitness, expiring 1 August 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 a contracted gardener. 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</p>

<p>we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>equipment 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. Electrical equipment is checked for compliance, and this has been completed by an external contractor (in April 2023). Annual checking and calibration of medical equipment, hoists and scales was completed in March and April 2023. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The service continues to refurbish care rooms and refurbished the laundry since the last audit.</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>The facility has three separate dining areas. The main dining room is adjacent to the kitchen and caters for the more independent residents. A lounge area at the end of the hospital wing provides an area for residents requiring assistance. The serviced apartments have an open plan lounge/dining room and there is a serviced apartment communal dining room with kitchenette. There is a main lounge and a smaller lounge at the end of each wing. 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 large community room to cater for whole facility events. The corridors and bedrooms are carpeted. Vinyl surfaces are in all bathrooms/toilets and the kitchen. 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 use and include ensuite toilets or full ensuites. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences.</p> <p>Serviced apartments and studio units are spacious and have full ensuite facilities. Serviced apartments include a separate lounge,</p>
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		<p>which is light and spacious.</p> <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 underfloor, ceiling and heat pumps. Temperatures are controlled centrally.</p> <p>The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility. The village manager confirmed the village would reflect the aspirations and identity of Māori for any new building construction in the future.</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, a site-specific emergency disaster plan, and a 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. Six-monthly fire evacuation practice documentation was sighted. 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</p>

		<p>areas. Staff carry pagers at all times. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. Information around what to do in an emergency is included in the resident's admission pack.</p> <p>The facility is secured at night. The service utilises security cameras at the main entrance. 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>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Arvida's strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Arvida support office, a microbiologist, Public Health, and Te Whatu Ora- Waitaha Canterbury. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets bimonthly. Infection rates are presented and discussed at quality improvement management meetings, household meetings and combined staff meetings. The data is also benchmarked with other Arvida facilities. The Arvida Group benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP, and the Public Health team. There is a documented pathway for reporting infection control and AMS issues to the Arvida Board. The Arvida executive team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Arvida support office in consultation with the infection control coordinators.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed a two-day workshop /webinar with Te Whatu Ora -Waitaha Canterbury online Altura education. The infection control coordinator has access to Bug Control information and education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, microbiologist, and Te Whatu Ora- Waitaha- Canterbury.</p> <p>The service has a comprehensive pandemic plan which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There is ample personal protective equipment, and these are regularly checked against expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system through the completion of the 'infection control policy to practice' audit tool. The service has worked with their Māori residents and Māori advisor to ensure te reo Māori information around infection control for Māori residents is available and assists the organisation with cultural safe practice. Hygiene posters were sighted in the communal toilets/bathrooms. The infection control coordinator has access to infection control information in te reo Māori. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control, that acknowledges the spirit of Te Tiriti. The Arvida Group lead for special projects in consultation with the Māori advisor, includes the infection control coordinators for advice in infection control matters when significant changes are proposed to an existing facility.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality improvement management meetings and staff meetings. Significant events are reported to the Arvida executive team and infection control steering group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</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,</p>

<p>surveillance programme.</p> <p>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>and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality improvement management meetings and staff meetings. Arvida head office have direct access to data via the electronic system.</p> <p>The wellness & 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 & care team. This data is emailed to villages to support their quality programme. Any trends are reported to the monthly Board meeting.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and the organisation has commenced incorporating this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and Te Whatu Ora -Waitaha Canterbury for any community concerns.</p> <p>Three Covid- 19 outbreaks have been reported in June 2022, November 2022, and March 2023. These were well documented. The facility followed and implemented their pandemic plan successfully.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area (rest home/hospital and serviced apartments) and a sanitiser with stainless steel bench and separate</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site. All laundry is operational seven days a week. There is a laundry assistant on duty each day. The laundry has been refurbished since the previous audit. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen is in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning, laundry and `infection control policy to audit` audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the hospital registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit; having been so for more than three years.</p> <p>An interview with the restraint coordinator and head of clinical quality compliance described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval.</p>

		<p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	PA Low	<p>The falls management policy states neurological observations are required for 24 hours if the resident has bumped or hit their head, if the fall was unwitnessed, if it is not known if the head was hit, and if the initial assessment or baseline recording indicate any concerns. The policy states “monitoring may be discontinued after four hours providing the rationale for discontinuing these is documented in the resident’s progress notes by clinical staff”. Monitoring evidenced observation are recorded half hourly as per policy for the first four hours; however, not all discontinued observations evidenced a clinical rationale for discontinuation.</p>	<p>Six of ten neurological observations were discontinued after four hours; however, there was no clinical evidence to support this decision documented in the progress notes.</p>	<p>Ensure all neurological observations are completed as per policy and if discontinued within 24 hours, the rationale for this is documented in progress notes.</p> <p>90 days</p>

(d) That needs and risk assessments are an ongoing process and that any changes are documented.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.