

Lansdowne Park Village Limited - Lansdowne Park Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Lansdowne Park Village Limited
Premises audited:	Lansdowne Park Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 March 2023 End date: 17 March 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:	51

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Arvida Lansdowne Park is located in Masterton and is part of the Arvida organisation. Arvida Lansdowne Park provides hospital (geriatric and medical), and rest home for up to 79 residents. There were 51 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 both levels of care.

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

The village manager and the clinical manager are appropriately qualified and experienced in aged care. Feedback from residents and families/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 previous shortfalls around meetings, internal audits and wound management have been addressed.

This surveillance audit identified corrective actions around medication management.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

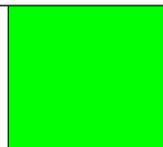


Subsections applicable to this service fully attained.

Arvida Lansdowne Park provides an environment that supports resident rights and safe care. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Lansdowne Park has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Lansdowne Park collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents and their family/whānau participate in the assessment process and development of care planning. Residents' files reviewed had timely assessments, and care plans were linked to the assessment outcomes and addressed residents' needs.

The activity programme encourages community initiatives that support Māori and their family/whānau.

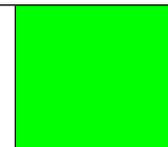
Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori residents can access culturally specific food.

A discharge or transition plan is developed in collaboration with the resident and their family/whānau.

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

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



Subsections applicable to this service fully attained.

The building has a current warrant of fitness. Spaces promote independence and safe mobility and were culturally inclusive and suited to the needs of the residents. Fire and emergency procedures are documented, and related staff training has been carried out. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The 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 and evaluated. The service has robust pandemic and Covid-19 response plans in place. The service has access to personal protective equipment supplies.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation is overseen by the restraint coordinator. The service has a commitment to maintain a restraint free environment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Staff receive education in restraint minimisation and challenging behaviour. There were residents using restraints on the days of the audits.

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	21	0	0	1	0	0
Criteria	0	59	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The village manager stated that she supports increasing Māori capacity within the workforce and will interview Māori applicants when they do apply for employment opportunities at Arvida Lansdowne Park. At the time of the audit there were Māori staff. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village managers described how at a local level they have progressed to establishing relationships with the Māori community, and kaupapa Māori services in the Wairarapa. The service also has an affiliation with the local Māori iwi through their wellness coordinator (cultural champion).</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</p>	FA	<p>The Pacific Way Framework is the chosen model for the Pacific health plan and Mana Tiriti Framework which is still in development stage. Four stages have been identified for implementation and include setting the foundations, develop commitment, deliver the action plan and providing leadership.</p>

<p>tino rangatiratanga. 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>The organisation has developed a Pacific health plan and has developed a relationship with a Pasifika consultant, who has provided input into the Pacific Health Plan. There are staff who identify as Pasifika, who are available to support any residents who identify as Pasifika. Pasifika services information is also available through He Hara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required.</p> <p>Interviews with three registered nurses, four wellness partners (caregivers), one kitchen manager, one housekeeper, one maintenance staff and wellness leader activity coordinator), two managers (the village manager, the clinical manager) and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions 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>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly household (resident) meetings. Nine residents (five hospital and four rest home) and seven family/whānau (three hospital and four rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Arvida strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Attitude of Living Well holistic model of care, the Māori health plan and business plan. Māori mana motuhake is evidenced through resident care plans and household meeting minutes. Staff interviewed explained how they promote residents' independence by providing choice around all aspects of the service during household meetings.</p>
Subsection 1.4: I am treated with respect	FA	The Arvida Lansdowne Park annual training plan demonstrates training

<p>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>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>Māori cultural days are celebrated (including Matariki and Waitangi Day). The service has acknowledged a cultural care philosophy that is based on 'Te Whare Tapa Whā' in the Māori health plan. Staff are supported to learn te reo Māori through an online platform. The Code of Rights are available in te reo throughout the building. Staff who identify as Māori facilitate opportunities for Māori to participate in te ao Māori through the activity programme. Policies and procedures are reviewed to ensure that te reo Māori and tikanga practices are incorporated in service delivery at Arvida Lansdowne.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Arvida's organisational policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. 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 acknowledged, and staff are educated on systemic racism, health care bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and ensures 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. Attitude of Living Well model of care supports a resident centric environment that is strengths based to improve the wellbeing of all residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>Staff, residents and family/whānau who identify as Māori assist staff in</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>supporting cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support being available when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and 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 the complaint register function in the electronic resident management system. Documentation including follow-up letters and resolution demonstrated 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 in the previous 12 months. Both complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement/management and staff meetings (meeting minutes sighted).</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 interview that the clinical manager and village manager are available to listen to concerns and act promptly on issues raised. Information about the support resources for Māori is available to staff to assist Māori in the</p>

		<p>complaints process. Interpreters contact details are available. The clinical manager acknowledged understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Lansdowne is part of the Arvida Group. The service provides hospital, and rest home level care for up to 50 residents at rest home and hospital level care, and up to a further 29 rest home residents in serviced apartments. All 50 beds in the care home are dual purpose. At the time of the audit, there were 51 residents in total: 22 hospital level residents, including one younger person with disabilities (YPD) and one respite care, 29 rest home residents, including five rest home residents in the serviced apartments.</p> <p>The Arvida Group Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Terms of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) had all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team; general manager village services; procurement team; information and technology team; people and culture team; head of employment relations; and accounts personnel.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>The executive team, VM, CM, and Wellness Leader have completed</p>

	<p>cultural training to ensure they are able to demonstrate leadership in Te Tiriti, health equity and cultural safety. There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of the Ngā Paerewa Services Standard. A separate Māori advisory group is developed to improve the outcomes that achieve equity for Māori. Arvida Group contracted a Māori consultant to support policy review, te reo, Te Tiriti and tikanga Māori training.</p> <p>Arvida Group have a quality assurance and risk management programme and an operational business plan. The 2023 business plan is specific to Arvida Lansdowne Park and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience.</p> <p>The overarching strategic plan has clear business goals to support their philosophy; '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. At a strategic level, Arvida will expand relationships with local iwi for all new developments and establish partnerships around health services provision to kaumātua.</p> <p>The working practices at Arvida Lansdowne Park is 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. Through implementation of the Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life. Staff are always respectful of the resident's preferences, expectations, and choices. This recognises that residents and family/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</p>
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		<p>of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The village managers' report to the Arvida senior management team on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The village managers and clinical manager have completed more than eight hours of professional development in the past twelve months. The village managers attended a three-day Arvida village manager conference.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality 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 Lansdowne Park has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of incident and clinical indicator data. Monthly quality improvement/management and health and safety meetings, bi-monthly clinical, staff meetings provide an avenue for discussions in relation to (but not limited to); quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. A review of quality meeting, and Head of Department minutes evidenced all issues are discussed, corrective actions required, responsibilities allocated, and sign-off when completed. Therefore, the previous audit shortfall (HDSS:2008 # 1.2.3.6) around meeting minutes and implementation of the internal audit programme have been addressed.</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</p>

	<p>of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and family satisfaction surveys have been completed. Results for 2022 showed high levels of overall satisfaction. High levels of satisfaction were indicated for clinical care, safety/security, quality of communications, grounds, and cleaning. A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staff areas 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 the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. A notification and escalation matrix is available to staff. The system escalates alerts to senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and other aged care provider groups.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been twenty-three section 31 notifications completed appropriately to notify HealthCERT. These have included notification of RN shortages. The public health team were appropriately notified of the Covid-19 outbreak.</p> <p>A Māori consultant supports review of policies to provide a critical</p>
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		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 culturally safe service is provided for Māori.
<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>	FA	<p>Arvida Lansdowne Park’s policy includes staff rationale and skill mix.</p> <p>The roster reflects two RNs on the morning and one RN in the afternoon shifts, and one RN on night duty. Sufficient wellness partners are rostered on to manage the care requirements of the residents. Staffing rosters were sighted, and staff are rostered to match needs of different shifts. There are seven wellness partners rostered on in the morning (five full and two short shifts) Monday to Friday; and six in the morning on weekends (four full and two short shifts). In the afternoon six wellness partners are rostered on, and three wellness partners on night duty.</p> <p>The facility manager works 40 hours per week, Monday to Friday. In addition, there is a clinical manager and a wellness leader (RN) who share the on call after hours’ duties. There is at least one RN on at any one time. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. On the day of audit, the night RN phoned in sick, and the clinical manager covered this shift. A review of the previous week’s roster showed the clinical manager covering three nights due to annual and sick leave. However, on all occasions Lansdowne Park was able to meet its commitments under the ARRC agreement.</p> <p>There is an annual education and training schedule that has been completed for 2022 and 2023. The education and training schedule lists compulsory training which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora - Wairarapa, and a private te reo provider. Staff participate in learning</p>

		<p>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 Lansdowne Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing.</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. A record of completion is maintained on an electronic register. Competencies were documented as completed in 2022 and are on schedule for 2023 year to date. Registered nurses complete competencies including medication competency (including controlled drug management, insulin administration and syringe driver training), oxygen administration. Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competent. There are seven RNs and four of them are interRAI trained. All RNs attend in-service training and have completed training sessions on critical thinking and problem solving, infection prevention and control including Covid-19 preparedness.</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 and staff training and development. Eight 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.</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 includes training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service</p>

		<p>demonstrates that the orientation programmes support RNs and caregivers 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.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. The service collects ethnicity information at the time of admission from individual residents. The service has a process (eCase) to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The analysis is to be completed by Arvida Group office.</p> <p>Arvida Lansdowne Park developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. The village manager reported that they can access Māori health care organisations, Māori health care practitioners, and traditional Māori healers as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The clinical manager and the RNs work in partnership with the resident and their family/whānau to support the resident's well-being. Six residents' files (two rest home including one resident from the serviced apartments; and four hospital level care including one resident on respite, and one YPD) were reviewed.</p> <p>Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the residents cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments include resident and family/whānau input (as applicable). Timeframes for the initial assessments and reassessments, medical assessment, initial care plan, development of the long-term care plan and care plan evaluations met contractual requirements.</p>

	<p>Initial interRAI assessments, reassessments, long term care plans and care plan reviews are completed within expected timeframes. Residents not on the ARRC contract have comprehensive risk assessments and detailed individualised care plans documented. Cultural assessment details are woven through all sections of the care plan. There is evidence of resident and family/whānau involvement in the interRAI and review of long-term care plans. This was documented in progress notes and the case conference (six-month review) notes. Care plan templates 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. Residents who identified as Māori had a Māori health plan in place using te whare tapa whā model of care, specific goals (pae ora outcomes) are documented. Behaviours that challenge are assessed when they occur. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and family/whānau confirmed active involvement in the process, including one resident under the age of 65 with a disability. Care plan evaluations evidenced resident progression towards meeting goals.</p> <p>The wound management plan included minor wounds, skin lesions, and skin tears. There were no residents with a pressure injury. Wound documentation was well documented, well managed and included progressing towards healing; where there is deterioration of a wound a new management plan is initiated. The previous audit shortfall (HDSS:2008 # 1.3.6.1) around wound care management) has been addressed. Each event involving a resident reflected a clinical assessment and a timely follow-up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs, and wellness partners.</p> <p>Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been</p>
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		completed for unwitnessed falls with or without head injuries. The incident reports reviewed evidenced timely RN follow-up, relatives were notified and opportunities to reduce risks were identified and implemented.
<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>	FA	<p>The programme is designed for individual and group activities for rest home and hospital residents including a resident under 65 years of age, which meet the abilities and preferences of the residents. Care plans acknowledge spiritual and cultural needs.</p> <p>The activities programme supports community initiatives that meet the health needs and aspirations of Māori and their whānau. Residents who identify as Māori are encouraged to connect or reconnect with their communities.</p> <p>The wellness leader facilitates opportunities for Māori to participate in te ao Māori and community initiatives that meet the health needs and aspirations of Māori and whānau.</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>	PA Moderate	<p>The medication management policy is current, and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. Staff who administer medications (RNs and medication-competent wellness partners) have been assessed for competency on an annual basis. Registered nurses complete syringe driver training. Medications are stored securely.</p> <p>The monthly delivery of robotic packs is checked against the medication charts by the RNs. The medication fridge and room temperatures are checked daily and maintained within the acceptable temperature range. Residents self-administering their medications are managed according to policy. Residents self-administering medications had a competency assessment completed and reviewed on a regular basis. Timely use of medication is monitored by the RNs. Medications were stored securely by the resident.</p> <p>Twelve medication charts were reviewed. All had photo identification</p>

		<p>and had been reviewed by the GP at least three-monthly. Medication charting is completed electronically by the GP. 'As required' medication had indications for use. Standing orders are not used. There are controlled drugs in use, which are checked out and administered correctly by two medication competent staff (one of whom is an RN); however, not all medications in stock were in use, six monthly checks were not always completed, and liquid controlled drugs were not measured in accordance with policy requirements.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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>	FA	<p>The food service provided at Arvida Lansdowne Park is in line with recognised nutritional guidelines for older people. Each resident has a nutritional assessment on admission to the facility.</p> <p>The Māori health plan in place included cultural values, beliefs, and protocols around food. There are kitchen staff who identify as Māori, who gave examples of providing culturally appropriate food options to a Māori resident. Kitchen staff ensure staff adhere to tapu and noa practices.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau interviewed expressed satisfaction with the food options.</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</p>	FA	<p>Transfer or discharge from Arvida Lansdowne Park is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. On the day of the audit, one resident was transferred to the public hospital following an unexpected health event and returned to the service on the same day. The family member interviewed in regard to this transfer stated that they were informed prior to transfer ensuring that they agreed to the transfer and was able to meet the resident in the hospital. Other families/whānau interviewed also reported being kept well informed during the transfer of</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>their relatives.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness for the facility is current and valid until 20 November 2023. Spaces promote independence and safe mobility and were culturally inclusive and suited to the needs of the residents. All dual-purpose rooms are spacious enough to manage different levels of care (rest home or hospital level), including the use of equipment for resident handling. Residents, and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance. The organisational maintenance plan is maintained. All electrical and medical equipment is tagged, tested and calibrated according to schedule. Hot water temperatures are maintained within expected ranges.</p> <p>There are no plans for further building projects at Arvida Lansdowne Park, and the manager is aware of the requirement to consult and co-design with Māori.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 16 November 2012. Six monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill completed recently in March 2023.</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wear identification badges. Appropriate security arrangements are in place afterhours with external security cameras. External doors and windows are locked at a predetermined time each evening. Staff undertake security checks.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>The organisation has a comprehensive pandemic plan which includes the Covid-19 response plan. The plans include preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There is ample personal protective</p>

<p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>equipment, and these are regularly checked against expiry dates by the infection control coordinator.</p> <p>There are sneezing etiquette and handwashing posters available in te reo Māori. There is a Māori advisor and Māori advisory committee that assist the organisation to implement culturally safe practice in relation to infection control practices. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control, which acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. 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>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity data, and is monitored and analysed for trends, monthly and annually. Arvida benchmarks infection data against other aged care facilities. There are culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</p> <p>There has been one outbreak of Covid-19 at Arvida Lansdowne Park since the previous audit. Residents affected were isolated in their rooms, and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora - Health New Zealand - Wairarapa were informed of the outbreak. Family/whānau were kept up-to-date via phone calls emails and newsletters.</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>FA</p>	<p>The philosophy of the Arvida Living Well framework encourage their facilities to work towards a restraint free environment to meet their criteria of the five pillars of the Attitude of Living Well model of care.</p> <p>At the time of audit there were three residents utilising bed rails, and one</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>resident using a lap belt on an 'as required' basis. A review of a quality improvement plan evidenced the facility has actively worked implementing initiatives since August 2021 to become restraint free.</p> <p>The restraint coordinator, who is also the clinical manager, provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The village manager confirmed the service's commitment to a restraint free environment. The restraint coordinator described the range of initiatives that have been implemented to work towards Arvida Lansdowne Park to become a restraint-free environment. Meeting minutes reviewed evidenced discussions around strategies to achieve this. Wellness partners interviewed could explain current strategies that assist to keep the environment restraint free.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible.</p> <p>Data is collated around restraint, included in benchmarking, and is reported with quality data at all facility meetings and is reported to the Board.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Staff who administer medications (RNs and medication-competent wellness partners) have been assessed for competency on an annual basis. Medicines are stored safely and within the recommended temperature range. Medication management audits are completed. General medications that were not in use were returned to the pharmacy and managed well; however, controlled drugs belonging to past residents going back to December 2022 were kept in the safe. Controlled drug physical checks were not completed over 12 months, and the liquid form of control drugs recording was incorrect. On the day of audit, CM informed the contracted pharmacist, and controlled drugs that were not in use were returned to the pharmacy and a physical stoke take is completed by the pharmacist.</p>	<p>i) Controlled drugs that are not in use have not been returned to the pharmacy.</p> <p>ii) Six monthly physical stocktakes were not completed.</p> <p>iii) Controlled drugs that are in liquid forms had recorded a balance difference between 10 to 20ml and the actual balance was not checked.</p>	<p>i) Ensure that controlled drugs that are not in use are returned to the pharmacy.</p> <p>ii) Ensure that a six-monthly physical stocktake is completed.</p> <p>iii) Ensure that the recording of liquid form of controlled drugs are correct.</p> <p>60 days</p>

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.